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CLINICAL INVESTIGATION ACTIVITY

EVALUATION OF AMBULATORY CARE CLASSIFICATION SYSTEMS FOR THE MILITARY HEALTH CARE SYSTEM

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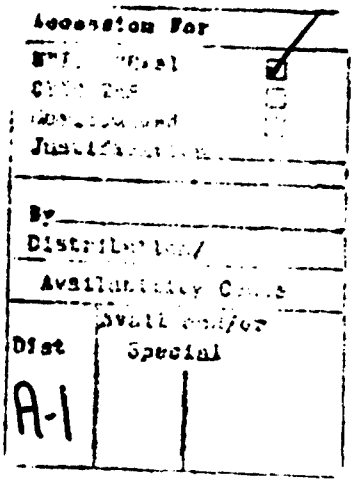

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This report discusses the evaluation of ambulatory patient classification systems for military use. At the time of the study, the two systems which appeared to have the greatest potential for this purpose were the Products of Ambulatory Care (PACs) which was developed by the New York State Health Department (Tenan et al, 1988) and the Ambulatory Visit Groups (AVGs) which was formulated by a group at Yale University (Fetter, 1980).

The data base used for all evaluations consists of a sample derived from the Army's Ambulatory Care Data Base (ACDB) Study (Georgoulakis et al, 1988). The sample used in the evaluation contained 516,006 clinic visits.

Because the military does not have a per visit cost accounting system, four costing methodologies were applied to the PACs and AVGs to allow analyses on the effectiveness of these groupers as resource allocation devices.

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19. ABSTRACT (Continuation) An important finding was that the effectiveness of a classification system is directly related to the methodology used to attach a "cost" to each visit. The results of the study also provided a greater understanding of ambulatory classification systems when using a large data set which covered the spectrum of military-based hospital outpatient services. Even with the large data set, all the AVGs were not used (140 empty groups). Conversely, given the large number of visits and the diversity of these visits in each of the PACs, it seems appropriate to expand the PAC grouping beyond the present configuration.

In summary, at the present time (in their current form) none of the ambulatory classification systems reviewed in this report meets the needs of the military for the allocation of resources.

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INTRODUCTION

Diagnosis Related Groups (DRGs) in the inpatient setting have revolutionized health care delivery in the United States. Probably the most important effect of DRGs, aside from controlling cost, has been the shift from inpatient to outpatient care. The impact of this has been to drive ambulatory care costs up at an alarming rate. To control these spiraling costs, a number of health care containment initiatives have been proposed. Third party payers believe that a fixed-price incentive will help control ambulatory health care costs. Others, particularly Congress and the Health Care Financing Administration (HCFA), believe that the best method for controlling health care costs is through the development of a prospective ambulatory payment classification system similar to the inpatient classification system of DRGs.

The military has neither been immune to the escalating ambulatory health care costs nor to the influence of inpatient and outpatient classification systems. Military outpatient expenditures are expected to grow from nearly two billion dollars in 1984 to over four billion dollars in 1990 (Defense Medical Information System, 1990).

In response to this trend, Congress ordered the Department of Defense (DOD) to revise its resource allocation system for ambulatory care by 1 October 1991. Originally, the National Defense Authorization Act for 1987 (P.L. 99-661, Sec. 701, USC 1101. Diagnosis-related groups) directed the Secretary of Defense to establish by regulation the use of a DRG-type system as the primary criteria for allocation of resources to DOD medical treatment facilities (MTFs). The only exception to this directive was for resources necessary to support mobilization missions. This action was to have been effective 1 October 1987 for inpatient care and 1 October 1988 for outpatient care. However, recognizing that the military medical system required additional time for implementation, the National Defense Authorization Act for

Fiscal Years 1990-1991 (Report 101-121, H.R. 2461, Section 714) extended the outpatient deadline to 1 October 1991.

In response to this requirement, the U.S. Army Medical Department initiated the Ambulatory Classification Evaluation Study (ACES) which was designed to evaluate the current major ambulatory care classification systems for military usage.

REVIEW OF THE LITERATURE

Up to the present time, there is no ambulatory classification system that has the universal acceptance afforded DRGs. When the study was begun, this deficit presented two broad universal challenges to the research staff. The first was to locate and critically evaluate the existing ambulatory systems. The second was to remain aware of changes in ambulatory care to include the development of additional ambulatory classification systems.

A comprehensive review of the health care management literature uncovered 35 ambulatory classification systems that had either been developed or were in a state of development (Holmes, 1988). Many of these classification systems lacked documentation about the system or were only in a theoretical stage of development. Other shortcomings included the system being under revision or that the system was simply unable to distinguish between broad categories of patient visits that use significantly different amounts of resources.

The research staff reviewed the classification systems that had been examined by Holmes. (See Appendix A for a complete listing of the various systems.) Additionally, the Ambulatory Care Client Classification Instrument (Verran, 1986) was reviewed for possible usefulness. Since it had been designed to measure the complexity of nursing care, it was judged to be unsuitable for classifying visits for resource allocation purposes.

Another classification system reviewed was the Ambulatory Severity Index (Horn, Buckle, and Carver, 1988). This system considers the degree of morbidity in addition to the type of patient. These factors may affect the amount of resource consumption associated with patient care. Horn, Buckle, and Carver (1988) list four levels of illness severity and four levels of patient compliance with treatment. Since an automated system of classification is essential when dealing with a large data base and/or a large health care system, this manual tool was not tested.

A system that appeared promising but was not available at the time of the testing was the Emergency Department Grouping (EDGs) developed at three community hospitals in the Los Angeles area (Cameron, Baraff and Sekhon, 1990). This system classified patient visits into 216 groups. Developers of EDGs used a cost formula based on costs for professional personnel, indirect-patient care, clerical personnel, nonlabor departmental expenses, and ancillary services. Since the initial ACES testing, Cameron et al. (1990) have completed the system and report that it explains 63% of the overall variance in resource use. Unfortunately, at the time of this report, the EDG software was still in the process of being procured, but it will be evaluated in a subsequent report.

Hsiao et al. (1988) took a different approach to the problem. Their study addresses fee schedules for physicians, especially differences in fees for procedural services (i.e., surgery and invasive tests) and fees for evaluation/management services (i.e. office visits). A major premise of their study is that the fee-for-service system lacks incentives to control cost. They developed a formula for a resource-based relative value (RBRV) for various services based on physician work in relation to specialty practice cost and the cost of specialized training for a particular type of physician or service. Since physicians in the military are salaried and not reimbursed

by procedure, this system was not applicable to military medicine.

The August 1988 issue of the Journal of Ambulatory Care Management was devoted to a review of ambulatory case mix classification systems. Two of the leading systems at the time of the article were Yale University's Ambulatory Visit Groups (AVGs) and New York State Health Department's Products of Ambulatory Care (PACs).

Much has been written about AVGs since their beginning in the late 1970's (Fetter, 1980). The development of AVGs by Health Systems Management Group at Yale made it possible to examine ambulatory productivity, resource consumption and performance for the first time. The initial AVGs consisted of 154 groups. The present generation of AVGs (the generation used in this study) has 570 groups. These groups represent visits that require similar types and amounts of resources. Visits to all specialty providers are included in the AVG algorithm except for pathologists, anesthesiologists, and radiologists.

It should be no surprise that AVGs are very similar to DRGs since researchers at Yale University created both systems. While DRGs were designed for inpatient hospital stays, AVGs are complimentary to them, grouping encounters that take place in ambulatory settings. Thus, it was envisioned that future linkage by patient identification codes would provide a better and more complete picture of the entire health care regimen furnished to a patient. This could be used by providers, researchers and policy makers to look at inpatient and ambulatory care in combination. Thus, DRGs and AVGs could provide the building blocks needed for the eventual development of "episodes of care" for specific conditions instead of single visits.

The AVG algorithm first separates visits into 23 major ambulatory diagnostic categories (MADC) based on ICD-9-CM diagnosis codes which generally correspond to organ and body systems (Schneider, Lichtenstein, Fetter,

Freeman, and Newbold, 1986). These MADCs are further divided into medical and procedural categories. If a significant procedure is performed, then the visit goes into an AVG for similar types of procedures. If no significant procedure is accomplished, then the visit falls into a medical AVG consisting of diagnoses with similar features. Each medical AVG is then split based on whether the patient met the criteria for old versus new patient categories. Data elements required for grouping AVGs and which are available in the ACDB are listed below:

* Primary diagnosis using International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM)

* Procedures performed as defined in Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)

* Old versus new patient status/classification

* Age

* Sex

* Disposition

To include a clinical perspective as well as a resource component, AVGs have been examined in relation to practical use. Lion (1984) used first generation AVGs to compare cost and time differences between general practitioners and speciality physicians in private practice and hospital outpatient departments in a study using the University of Southern California-Mendenhall data set. Unlike the National Ambulatory Care Survey (NAMCS) data set, this set included physicians in hospital outpatient departments (OPDs) where care is similar to that provided in the military setting. Results showed that general practitioners and physicians in private practice would benefit more from an AVG resource allocation system than speciality physicians and those in OPDs.

The Products of Ambulatory Care (PACs) is an ambulatory care

classification system designed for reimbursing hospital clinics and community health centers for patient visits. Tenan et al. (1988) of the New York State Department of Health developed PACs under a grant from HCFA.

PACs are based on the concept of bundling together the medical services typically received by well defined groups of patients. The medical services provided to these patients include all the labor (professional) and ancillary service costs related to a specific visit. These service bundles are the case mix sensitive part of a PAC price. The second part of the PAC price is composed of a facility specific cost component.

Prior to the development of the PACs, the New York State Department of Health Ambulatory Care Reimbursement Study Group reviewed previous efforts to classify ambulatory care services: the Diagnosis Clusters, Reason for Visit (RFV) and Ambulatory Visit Groups (AVGs). After reviewing these systems, they collected a comprehensive data set of approximately 10,000 visits from outpatient and free-standing clinics, using a stratified random sample from Bronx County and New York State's Northeast region. Dental, mental health, ambulatory surgery, emergency department, and renal dialysis clinics were not included in the sample nor in the resulting (initial) classification system. Following critical element edits, and review of the data by clinical advisory groups, an expense methodology was developed to account for labor, ancillary and fixed costs. Employing the Statistical Analysis System (SAS) and Autogroup (a software program for grouping data) in an iterative process with their clinical advisory groups, patterns of relationships among services and procedures were discovered. Then, based on the intersection of patient characteristics (i.e., age, sex) and services (i.e., diagnostic or management), 24 mutually exclusive PAC groups were established.

According to the PAC developers, the stability of the groups is shown by

the ability of the classification system to reduce 65% of the variation in the value of resource use among the 10,000 cases in the sample data set. In none of the PAC groups was the coefficient of variation within the groups greater than 1.30 and the majority was between 0.31 and 0.90.

At the time of the study, 17 demonstration facilities in New York State were using the PACs as a system for Medicaid reimbursement. According to Herb Fillmore and Dennis Graziano of the New York Health Department (personal communication, 14 November 1989), this method of payment met with acceptance by Medicaid providers in New York State with additional providers requesting consent to participate in the demonstration.

Finally, it should be noted that at the time of the study, the PACs were not a complete system in the sense of a finished product. Recent work has lead to the development of a system for classifying ambulatory surgery called Products of Ambulatory Surgery (PAS) and further refinement of the original PACs.

COMPARISON OF INPATIENT AND AMBULATORY HEALTH CARE

Many of the difficulties involved in extending DRG concepts into the arena of ambulatory care arise from the characteristic differences of inpatient and ambulatory health care. The most significant difference in the civilian sector is the basis of reimbursement for services. Inpatient charges are facility based and outpatient are largely physician based. HCFA, the funding agency for the development of the two major systems under consideration, has the difficult task of pioneering the expansion of a DRG-type system into the outpatient arena.

The settings for inpatient care are fairly consistent regardless of type of hospital. Even among very diverse health care facilities, such as military hospitals and those operating for profit, there are many similarities in the

inpatient arena. On the other hand, there are striking differences among the various settings for outpatient care. Solo practitioners, large multispecialty and subspecialty groups, health maintenance organizations (HMOs), and the various other types of group practices all operate in very different environments. It is difficult to envision a singular payment technique that could respond to the variety of conditions in these diverse settings.

The primary savings gained from the use of DRGs are based on decreased average length of stay. An episode of inpatient care is easily defined by using the admission and discharge dates. However, the beginning and ending dates of an episode of outpatient care are not easy to determine. This difficulty keeps the product of ambulatory medicine elusive and vague. As a result, the most meaningful output measure of ambulatory care is still the outpatient visit. However, one of the problems with restricting the number of allowable visits involves the risk of less than optimal health care. When charges for individual services are controlled, practitioners may compensate by proliferating services unless a more inclusive definition of services is developed.

The number of ambulatory visits is dramatically greater than the number of inpatient episodes. In the past decade, the Army has averaged between 18 and 22 million outpatient visits a year in contrast to 400 to 450 thousand inpatient admissions per year. Since an ambulatory visit costs considerably less than an inpatient episode, potential savings per visit are limited. These savings could easily be offset by an increased outlay per visit, such as administrative expenses. On the other hand, with the high volume of outpatient visits, even small discrepancies per visit between cost and reimbursement will result in significant amplification and may result in substantial losses.

Outpatient clinics do not enjoy the degree of sophistication in administrative support found in institutional inpatient care. For example, many individual practitioners may not possess the level of computer support required of an ambulatory classification system grouper. Further, the productivity of health care providers could be affected if input for the system were too heavily dependent on provider participation.

Another problem stemming from differences between inpatient and outpatient health care delivery is with the coding conventions used. The most recent updates to ICD-9-CM and CPT-4 are rooted in the needs of hospital-based medicine and render far fewer provisions for non-physician specialties or specialities with limited inpatient ties such as preventive medicine.

There are many complex problems associated with developing an outpatient classification system similar to DRGs. There is the obvious challenge of working with many more providers in diverse settings than in the inpatient setting. Other obstacles are encountered in defining a unit of output. Gold (1988) points out that using "visit" as the unit of measurement encourages unbundling of services, which would increase the number of visits performed. Still, a visit-based system is more amenable for use in OPDs than in private practice.

Finally, it should be noted that while there is an abundance of data in the inpatient arena, very little exists in the outpatient domain. Moreover, or just as important, the ambulatory data that do exist are based on charges rather than on cost. An exception is the Army's Ambulatory Care Data Base (ACDB).

CONSIDERATIONS FOR THE MILITARY HEALTH SERVICES SYSTEM (MHSS)

Some difficulties in applying a case-based reimbursement method in

ambulatory care are ameliorated in the MHSS. A few advantages in the MHSS are (1) our predominately hospital-based ambulatory facilities, (2) salaried health care providers and staff, and (3) the visit-based information within the ACDB.

Since MHSS ambulatory care is predominately hospital based, it shares, to some extent, the regulatory and administrative resources of inpatient care assets. Expansion and modification of existing systems may provide the necessary record support required for a case-based system. Our hospital outpatient services also possess a larger and more diverse patient population than many civilian clinics and thus are more amenable to an ambulatory DRG-like methodology based on averages. The current reimbursement system, using medical care composite unit (MCCU) and ambulatory work unit (AWU), relies almost entirely on average reimbursement funding.

The settings of outpatient care are less varied in the MHSS in comparison to civilian services. Although there is considerable diversity in the operating conditions of a Battalion Aid Station and a Hematology/Oncology Clinic, the majority of outpatient encounters in the MHSS occur in similar environments.

One of the greatest advantages in the military setting arises from not having to deal with physician payment for discrete services. Facility costs and salaries are easier to estimate and adjust than are values for assorted physician services. Also, fewer constraints within a military ambulatory care classification system should be necessary since salaried physicians have less incentive to "game" a reimbursement system. Still, administrative incentives may develop which would require further monitoring.

Although savings in terms of budget reduction are probably limited, a properly designed and executed ambulatory classification and reimbursement system could provide a more equitable distribution of available funds.

Besides savings derived from incentives to operate as efficiently as possible, it will be feasible to calculate the cost of each service performed. Thus, it will be possible to identify those services that could be performed more economically by the military. This will enable hospital commanders to make meaningful decisions on which services to provide internally and which services should be contracted out. Besides savings derived from incentives to operate as efficiently as possible, the flow of money to CHAMPUS consignments could be slowed or stopped.

GOALS OF A CLASSIFICATION SYSTEM

The major goal of DRG-like or prospective payment management is to distribute DOD health care resources fairly, matching assets with needs for health care delivery. As an adjunct to that goal, the classification system on which the prospective payment is based should provide a measure of productivity. Because the health care demands of DOD beneficiaries exceed allocated funds, enhanced or diminished financial performance cannot be measured directly in dollars saved or expended. DOD health care managers must rely on other indicators of efficiency and intensity of work, such as case-mix ratios.

Recognizing the potential for reimbursement strategies to affect the delivery of health care, appropriate goals of any method should be clinical neutrality along with positive incentives for efficient use of resources. Classification systems currently under development strive for clinical meaningfulness for the purpose of encouraging clinician cooperation and permitting coherent clinical management. Other features may be desirable, but there is a limit to the number of aspects any classification system can have and yet remain dependable for its foremost task--equitable reimbursement.

METHODOLOGY

In order to provide a thorough assessment of the various ambulatory classification systems, the study team developed a comprehensive evaluation methodology which included clinical, administrative and statistical perspectives.

Based on the criteria developed by the study team, two classification systems were selected for further evaluation. The two classification systems selected were the PACs and AVGs. This selection was based on availability of software coupled with the requirements which have been addressed previously. The evaluation of these two major ambulatory care classification systems for military usage required a data base containing the necessary data elements. This was provided by a sample of the data collected in the Army Medical Department's ACDB Study. Researchers conducting this study (Georgoulakis et al. 1988) collected clinical data from outpatient encounters or visits. During the 21 month period of the study (January 1986 to September 1987), over 3.1 million patient encounters were recorded from six study hospitals. These encounters represented more than 4,000 health care providers in some 70 clinical specialties.

The six facilities selected for the study, having diverse missions and populations, constituted a representative sample of Army Medical Department health care. For example, Brooke Army Medical Center in San Antonio, Texas, had extensive outpatient clinics that provided a complete array of ambulatory services to a large retiree population. Fort Jackson's Moncrief Army Community Hospital, located in Columbia, South Carolina, provided access to a large population of basic trainees, some tenant troops, and family members. The three hospitals at Fort Bragg in Fayetteville, North Carolina, Fort Campbell, Kentucky, near Clarksville, Tennessee, and Fort Polk in Leesville, Louisiana gave access to combat division personnel as well as large family

member population. The final medical treatment facility included in the study was Fox Army Community Hospital at Redstone Arsenal in Huntsville, Alabama. This hospital serves a stable military population and many retirees.

Sample

The total data base from which the sample was drawn consisted of over 3.1 million visits. This sample consisted of 516,006 clinic visits randomly selected from the cleaned Phase I data of over one million visits. This phase of the data collection period ran from January 1, 1986 through April 30, 1987. Additionally, the patient visits included in this sample contained sufficient data elements for evaluation of the AVGs and PACs. All six of the study hospitals are included in this sample.

Of these 516,006 visits, 279,043 (54.15%) consisted of male patients and 236,601 (45.85%) were female patients. The majority of the visits (52.24%) were by patients in the 18-34 age group. Table 1 contains additional information on the age of the patients by gender for all visits.

Table 1

Gender by Age of Patients Based on Number of Visits

N = 516,004

AGE	MALE		FEMALE		TOTALS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-2	15,119	2.93%	13,877	2.69%	28,996	5.62%
3-17	33,472	6.49%	30,199	5.85%	63,671	12.34%
18-34	148,244	28.73%	121,309	23.51%	269,553	52.24%
35-44	28,497	5.52%	23,522	4.56%	52,019	10.08%
45-64	38,147	7.39%	36,553	7.08%	74,700	14.48%
65-74	14,625	2.83%	10,150	1.97%	24,776	4.80%
75+	1,298	0.25%	991	0.19%	2,289	0.44%
TOTALS	279,403	54.15%	236,601	45.85%	516,004	100.00%

In terms of beneficiary status, the retired population (retired military and their family members who are eligible for care) used medical services more frequently (more visits) (39.41% to 38.09%) than the active duty military population. The remaining 22.48% of the visits were comprised of family members of active duty military. A complete list of all patient visits by beneficiary status is included in Table 2.

Table 2

Patient Location by Beneficiary Status Based on Number of Visits

N = 515,918

LOCATION	ACTIVE DUTY		AD DEPENDENTS		RETIRED & DEP		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
REDSTONE	9,997	1.94%	11,506	2.23%	21,962	4.26%	43,465	8.42%
CAMPBELL	45,054	8.73%	27,711	5.37%	24,103	4.67%	96,868	18.77%
POLK	38,772	7.51%	29,310	5.68%	18,397	3.57%	86,479	16.76%
BRAGG	20,499	3.97%	15,077	2.92%	14,303	2.77%	49,879	9.67%
JACKSON	63,087	12.23%	9,939	1.93%	41,909	8.12%	114,935	22.27%
BAMC	19,137	3.71%	22,470	4.35%	82,685	16.02%	124,292	24.09%
TOTAL	196,546	38.09%	116,013	22.48%	203,359	39.41%	515,918	99.98%*

*Cumulative rounding error.

When an additional analysis of the data is conducted looking at individual patients rather than visits, the results are basically the same. This means that the demographics of the patient are only counted one time regardless of the number of visits per patient. Male patients exceeded female patients (56.12% to 43.87%). The age group 18-34 was the largest group of patients (51.98%). A complete breakout of individual patients by gender and age is presented in Table 3.

Table 3

Patient Gender by Age Based on Number of Individual Patients

N = 231,632

AGE	MALE		FEMALE		TOTALS	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
0-2	6,940	3.00%	6,475	2.80%	13,415	5.79%
3-17	17,525	7.57%	15.970	6.89%	33,495	14.46%
18-34	70,650	30.50%	49,754	21.48%	120,404	51.98%
35-44	12,661	5.47%	10,323	4.46%	22,984	9.92%
45-64	16,802	7.25%	15,286	6.60%	32,088	13.85%
65-74	5,052	2.18%	3,460	1.49%	8,512	3.67%
75+	373	0.16%	361	0.16%	734	0.32%
TOTAL	130,003	56.12%	101,629	43.87%	231,632	100.00%

Retirees made up the largest group of consumers (42.23%) followed by active duty (35.50%) and family members of active duty (22.27%). Table 4 contains a complete breakdown of individual patients by location and beneficiary category.

Table 4

Patient Location by Beneficiary Status Based on Number of Individual Patients

N = 231,634

LOCATION	ACTIVE DUTY NUMBER	ACTIVE DUTY PERCENT	ACT DUTY DEPENDENT NUMBER	ACT DUTY DEPENDENT PERCENT	RETIRED & DEP NUMBER	RETIRED & DEP PERCENT	TOTALS NUMBER	TOTALS PERCENT
REDSTONE	3,347	1.44%	4,480	1.93%	10,792	4.66%	18,619	8.04%
CAMPBELL	17,794	7.68%	13,173	5.69%	11,333	4.89%	42,300	18.26%
POLK	12,241	5.28%	9,840	4.25%	8,046	3.47%	30,127	13.01%
BRAGG	12,972	5.60%	10,367	4.48%	10,013	4.32%	33,352	14.40%
JACKSON	27,761	11.98%	4,376	1.89%	20,301	8.76%	52,438	22.64%
BAMC	8,120	3.51%	9,341	4.03%	37,337	16.12%	54,798	23.66%
TOTALS	82,235	35.50%	51,577	22.27%	97,822	42.23%	231,634	100.00%

Clinical Data Modifications

Each specialty participating in the ACDB Study had diagnosis and procedure menus on the data collection forms that were specific to their needs. One primary diagnosis, and as many secondary diagnoses as desired, and as many procedures as necessary could be selected; however, no more than 13 procedures per visit were used in the current analysis. Table 5 contains a listing of the number of procedures selected per visit.

Table 5

Frequencies of Number of Procedures in Each Visit Record

N = 516,006

NUMBER OF PROCEDURES	NUMBER OF VISITS	PERCENT
0	217,315	42.1
1	164,705	31.9
2	64,957	12.6
3	35,938	7.0
4	19,745	3.8
5	7,782	1.5
6	3,703	0.7
7	1,335	0.3
8	370	0.1
9	107	0.0
10	34	0.0
11	5	0.0
12	6	0.0
13	4	0.0
TOTAL	516,006	100.0

Both PAC and AVG classification systems require diagnoses to be coded under the rubric outlined in the ICD-9-CM and procedures coded under CPT-4. Although the diagnostic and procedure codes of the ACDB Study are based on ICD-9-CM and CPT-4 codes respectively, extensions were added to some of the codes as part of the ACDB Study. These "code extenders" were needed in view of the envisioned purpose of the ACDB Study, which was to collect epidemiological information on Army outpatient medical care. These extended codes provided more specific details than were available under the universally accepted coding conventions.

Additionally, strict adherence to any previously developed coding system that would impose limitations on the ACDB Study was viewed as undesirable by both the providers and the ACDB Study staff. The vast majority of military

ambulatory care involves evaluation and management services (office visits) with diverse characteristics. Unfortunately, fewer than 100 of the approximately 7,000 codes of CPT-4 describe office services.

Moreover, military unique medical considerations are either not reflected or not well stratified in the CPT-4 rubric. For example, there are different classes of flight physicals performed in military facilities which consume significantly different resources, which would be only vaguely differentiated by CPT-4 codes and not at all recognizable as aviation medicine examinations.

Finally, results of the ACDB Study indicated that more than 60 percent of the ambulatory visits were conducted by non-physician health care professionals. CPT-4 codes were designed to reflect physician services, particularly in-patient services. The services provided by non-physician providers within the MHSS, such as dietitians and occupational therapists, are not addressed by CPT-4. Thus, the development of extended codes from the accepted coding systems allowed non-physician providers more precision in describing the care they provided. These code extenders complicated the use of the data base for purposes requiring the more universally accepted coding conventions.

Diagnostic and Procedural Code Remapping

Under the direction of the physician member of the ACES staff, the diagnosis and procedure codes that were extended in the ACDB Study were recoded into conventional ICD-9-CM and CPT-4 nomenclature. Consultants from various specialties assisted in recoding more esoteric procedures. Clinical department chiefs at Brooke Army Medical Center (BAMC) provided most consultations. The proximity of BAMC simplified in-person and telephonic consultations.

Unfortunately, many consultants were unfamiliar with CPT-4 codes, so

they provided information that the staff physician used to recode the extended procedure codes. In these cases, the consultants did not provide the actual codes but their input assisted the staff physician in making selections. This method of code selection offered greater uniformity and reduced specialty bias in the recoding process.

Some procedures listed on the data collection forms were more specific and some less specific than those in CPT-4. When the listed procedure possessed multiple CPT-4 counterparts, a CPT-4 code of common or medium technical weight was assigned. This is especially evident in assignment of codes for surgical procedures. CPT-4 specifies surgical procedures by anatomical site, and the ACDB clinical data does not.

The lists of codes for diagnoses were developed based on ICD-9-CM. Additional codes were created so that more specificity regarding diagnoses could be captured. Although these expanded codes provided valuable information, they presented a problem in that the algorithms being used for classification recognized only valid ICD-9-CM codes. Therefore, it was necessary to map any modified diagnosis codes to the most equivalent ICD-9-CM code.

During the ACDB Study, a total of 5,990 different diagnosis codes were utilized. Of these codes, a little less than one third (1,890) were modified ICD-9-CM codes.

Under contract, Code 3 Health Information Systems/3M remapped the extended diagnosis and procedure codes to ICD-9-CM and CPT-4 classification system respectively. This involved approximately 70% of the diagnoses and procedures that required remapping. In most cases, Code 3 mapping of diagnoses was used. Specialty areas either not coded or only partially coded by Code 3 were Nutrition, Social Work, Psychology, Occupational Therapy, and those portions of Physical Therapy and Orthopedics having to do with

appliances and durable medical equipment.

Of the 1,890 modified codes, 101 were from the Social Work forms. Of all the diagnosis mapping, this area was the most difficult, since many problems did not lend themselves to the disease classification system. Examples of these are: Illiterate; poor money management; unreliable transportation; and resource delay responding to need. However, expertise in this area was available within the study group, and the most appropriate ICD-9-CM choices were made. Diagnosis mapping was reviewed by specialists in many areas and their input was used to produce the final map.

The percentage of diagnoses and procedures requiring recoding varied among specialties. For example, all procedures listed on the Neurology Clinic form were bonafide CPT-4 codes, whereas all procedures listed for Nutritional Clinic were extended codes not found in CPT-4, since CPT-4 (as mentioned earlier) is designed for physician services.

Many very specific procedures, and frequently minor ones, with no corresponding CPT-4 codes were recoded to general services codes (minimal, brief, extended service, etc.). This occurred more frequently with the primary care and non-surgical specialties because of the nature of the CPT-4 manual. It contains more codes for surgical procedures thus allowing for greater specificity in that area.

Twenty-one of the 50 most commonly used procedures required coding to general services. The assigned level of service generally corresponded to the estimated amount of time required to perform the indicated procedure (less than 15 minutes was minimal, 15 to 30 minutes was counted as brief, etc.). Supplies and other resources consumed also received consideration during the assignment to general services procedures.

Many ACDB visits contain multiple procedures. Since a number of

procedures designated on the data collection forms were recoded to general services, some visits appear to be a combination of two or more general services (such as a minimal service visit plus a brief service visit). If two codes were mapped to the same code, duplicates were eliminated. Appendices B and C contain code conversions for procedures and diagnoses respectively.

Another problem arising over coding conventions used on the data collection forms centered around the ICD-9-CM diagnosis code V655, described as "Person with feared complaint in whom no diagnosis was made." This code was listed on the forms as "No Problem Noted" and was available for use by all health care providers involved in the data collection effort.

Since over 8 percent of visits in the data base contained this diagnosis, a careful analysis by clinic was done. A good number of the V655 diagnoses were for various types of physical exams, including eye exams.

To provide more precision in visits where V655 was used, several corrective steps were taken. If a meaningful secondary diagnosis had been provided, then that diagnosis was used. If no secondary diagnosis had been provided, then other V codes with a higher degree of specificity were selected by the research physician on the team. A list of the more specific diagnosis codes by clinic are provided in Appendix D.

Special Coding Considerations

In order to use pertinent ancillary services data (i.e., number and type of X-rays, number of prescriptions, number of laboratory tests) captured on the front of the data collection form, information had to be translated into a coding format. For example, the Ordered Out of Clinic box contained information on specific types of X-rays like CT Scan and MR Scan. However, no CPT-4 code was used to designate which type of CT Scan or MR Scan was used. The study team physician reviewed the data to determine the most appropriate

codes in each case. In some clinics, there was a possibility that a particular radiological procedure might have been marked on both the front and the back of the form. In order to avoid double counting of radiological procedures, the algorithm listed below was developed.

Some of the information from the front of the form was converted into a CPT-4 procedure code. If by converting this information, the number of procedures exceeded 13, the additional procedure was dropped. Since there were so few cases that exceeded 13, it was not considered to be a problem.

The following is a list of the radiological and other special procedures with their assigned CPT-4 codes:

PROCEDURE	CPT-4 CODE	
Barium Study	74270	
IVP	74400	(If 74415 was marked on the back of the form, then 74415 was used instead of 74400.)
CT Scan	70470	(If 71250 was marked on the back of the form, then 71250 was used instead.)
MR Scan	70550	
Ultrasound	76700	(If a code fell within the range of 76500-76999 and was marked on the back of the form, then that code was used instead.)
Nuclear Medicine	78801	(If a code fell within the range of 78000-79999 and was marked on the back of the form, then that code was used instead.)
Angiographic	75501	
Adaptive Appliance	99070	
EEG	95819	(If a code fell within the range of 95819-

95823 and was marked on the back of the form, then that code was used instead.)

Pulmonary	94010	
EMG	95860	(If a code was within the range of 95860-95869 and was marked on the back of the form, then that code was used.)

Other Clinical Considerations

The AVG requirement of OLD versus NEW patient provided a number of challenges to the ACES staff. Foremost among these was the problem of how to obtain this data since the ACDB study did not specifically collect this information. Certain data elements were available for construction of the algorithm used to determine OLD and NEW patients. A complete list of the data elements available for use in making these determinations may be found in the ACDB Data Dictionary (Bolling et al. 1989). The sequence of the algorithm follows:

1. If the visit was an initial visit to Obstetrics Clinic, or an Emergency Room visit, then patient is classified as NEW.

2. For the remaining visits, the following steps were taken:

   (a) If the patient had NOT been seen during the past 12 months, then the patient was classified as NEW.

   (b) If the patient had been seen during the last 12 months, the following additional criteria were used:

      (1) If the location of the visit was Hypertension Clinic, Nutrition Clinic, Pain Control Clinic, Cast Clinic, Orthopedic Appliance (Brace) Clinic, Psychiatry Clinic, Psychology Clinic, Child Guidance Clinic, Mental Health/Community Mental Health Clinic, Social Work Clinic, Wellness/Fitness Clinic, Optometry Clinic, Troop Medical Clinic (Optometry)

Clinic (Fort Bragg), Troop Medical Clinic/Division Optometry Clinic (Fort Campbell), Audiology Clinic, Speech Pathology Clinic, Radiotherapy Clinic, Occupational Therapy Clinic, Physical Therapy Clinic, Drug and Alcohol Program, Preventive Medicine Clinic, Immunization Clinic, CHAMPUS (Fort Bragg), Support Other Military (Fort Bragg), Support Other Federal (Fort Bragg), or Patient Transportation, then patient was classified as OLD.

(2) If clinic code was other than one listed previously and "NO" was indicated in the NEW PROBLEM field, then the patient was classified as OLD.

(3) If the clinic code was other than one listed previously and "YES" was indicated in the NEW PROBLEM field and ACUTE was NOT indicated in the VISIT REASON field, then the patient was classified as OLD.

(4) If the clinic code was a code other than the one listed previously and "YES" was indicated in the NEW PROBLEM field and ACUTE was selected in the VISIT REASON field and the diagnosis code fell within the ranges of 800 through 904.9 or 910 through 995.81, then patient was classified as NEW.

(5) If clinic code was other than one listed previously and "YES" was indicated in the NEW PROBLEM field and ACUTE was selected in the VISIT REASON field and diagnosis code was outside the ranges of 800 through 904.9 or 910 through 995.81, then patient was classified as OLD.

Data Preparation Required by the PAC Grouper

While the ACDB Study used the standard Army Uniform Chart of Accounts (UCA) four-digit character codes for clinic identification, the PAC grouper used three-digit numeric codes. Further, the military has some unique clinics (i.e, Troop Medical Clinic, Flight Medicine, etc.) not found in the civilian sector. Therefore, military codes were converted to PAC codes. The

conversion list is found at Appendix E, Part A.

Another conversion was necessary for provider jobcodes. The ACDB used Army military occupational specialty codes and general service civilian jobcodes which required transformation to those jobcodes used by the PAC grouper. Appendix E, Part B contains the transformations.

The PAC grouper has a specific group, PAC 9, for first prenatal visits. Although the ACDB did not contain this specific information, it could be derived from data collected on the OB/GYN form. One of the extended procedure codes, 90012, on this form was for Initial OB History/Exam. Before the database was remapped, a new data field, New Pregnancy, was created which indicated whether the 90012 code had been selected.

Cost Methodology and Financial Database

In order to accurately evaluate the various ambulatory classification systems, the development of an equitable per visit cost was necessary. This presented a significant challenge in that it required a comprehensive individual cost for each patient encounter (visit) in the ACDB data file.

The study team developed four different methods to approximate a visit cost. The development of the various methodologies was necessary because military hospitals do not use a civilian type cost methodology that is capable of producing a "cost" or more precisely a "bill" for each individual visit. Military hospitals are funded from various funding sources. For example, military pay and allowances are paid from a general forces account and may be regarded as "sunk" costs in that they are paid to military health care providers regardless of the number of patients for whom they provide care. Civilian health care provider salaries and benefits are resourced from major command allocation of funds, balanced with authorized personnel ceilings. The medical treatment facility commanders, once given their allocation of

personnel, have nominal authority to manage personnel and associated costs. Normal capital expenses, new buildings and equipment, are provided subject to availability of funds, from major commands or higher command levels and are not included in the hospital's operating budget.

Utilities are considered installation operating expenses and, as such, are not included in the hospital's operating budget. However, it should be mentioned that such installation expenses are captured in the Medical Expense Performance Report System (MEPRS) at the medical facility level. This and other expense data elements, as products of the MEPRS system will play a significant role in ambulatory care resourcing. Finally, it was not possible for the study team to develop cost methodologies associated with indirect health care cost (i.e., provider malpractice insurance, forms, and other indirect costs). Nevertheless, as the military adapts to new ambulatory costing and resource allocation methodologies, all inclusive expense data is vital to insure fair and equitable medical treatment facility funding.

Definitions of Cost Formula Components

A description of the various components that make up the cost formulas follows:

ANCILLARY - For those laboratory procedures indicated by CPT-4 procedure codes within the range of 80002 - 89399, a percentage of the CHAMPUS rate was used. The following steps were taken to calculate this percentage. A military average for laboratory was calculated (total number of visits in the sample, 516,006, multiplied by the average per visit MEPRS laboratory reimbursement of $3.36). This total was divided by the actual number of laboratory procedures performed (152,982) to provide an average cost per procedure of $11.33. The average for all CHAMPUS laboratory procedures was $18.25. The

percentage of military to CHAMPUS ($11.33/$18.25) was 62.1%. This percentage was applied to laboratory procedures indicated on the back of the data collection form.

CHAMPUS - These rates are based on the CHAMPUS prevailing rate for each CPT-4 procedure. The CHAMPUS prevailing rates (the amount of money paid) for a specific procedure is derived from a review of the total number of claims for a particular state. The claim(s) are paid at the 80th percentile as the prevailing rate for that procedure in that state. The CHAMPUS prevailing rates in this study were the averages of the regional rates at the time of the data collection. Additionally, the CHAMPUS prevailing rate consists of both a technical component, which accounts for 60% of the prevailing rate, and a professional component accounting for the remaining 40% (CHAMPUS Fiscal Intermediary Pricing File Extract Report for Fiscal Year 1988, August 1988).

CLMEAN - An average procedure cost per clinic group used for calculating a military supply cost. This average was computed by taking the sum of all CHAMPUS procedure costs for a clinic grouping (see Appendix F for clinic groupings) divided by the number of visits in that particular grouping.

FACCOMP - The facility component is obtained by using the following formula: AVGPROC COST PER MINUTE MULTIPLIED BY PRIMARY PROVIDER TIME. The average procedure cost (AVGPROC COST) is 60% (60% represents the technical component of the CHAMPUS fee) of the sum of the procedure costs for all visits within a clinic grouping divided by the sum of the providers' time for all visits within a clinic grouping. A list of clinic groupings is contained in Appendix F.

LAB - The number of laboratory procedures ordered during a visit was

indicated on the front of the data collection form. This number was then multiplied by a computed average cost. The average cost for laboratory was calculated by multiplying the total number of visits in the sample, 516,006, by the military (MEPRS) average reimbursement per visit of $3.36. This total was divided by the actual number of procedures performed (152,982) in the sample to provide an average cost of $11.33 (see Table 6).

LABOR - The labor cost component used in the formulas consisted of a combination of salary and benefits for military, and salary only for civilians. It is determined by minutes of contact time with patients. The military labor costs were derived from the Composite Standard Rates for Costing Personnel Services-Military. These composite standard rates for each grade are published annually by Department of the Army, Director of Finance and Accounting, Security Assistance and Cost and Property Accounting Division, Indianapolis, Indiana. Since data were collected across two fiscal years, the appropriate rate for each of the study years was used to determine labor costs. The published annual cost (salary and benefits exclusive of medical incentives) for each military pay grade was divided by 2080 (duty hours per year) to derive a basic hourly rate. This hourly rate was then divided by 60 to obtain a rate/minute scale required by this study. The Civilian Health Care Provider Composite Standard Cost Rates were derived from the General Schedule Salary Tables No. 70 (FY85), No. 71 (FY86), No. 72 (FY87). These tables are published by the Office of Personnel Management, Assistant Director for Pay and Benefits, Washington, D.C. For purposes of the study, the median step level of 5 was used within

each grade. The annual salary was then divided by 2087 hours (number of civilian productive hours in a calendar year) to derive a basic hourly rate. The hourly rate was then divided by 60 to obtain a rate/per minute scale.

RX - An average cost per prescription ordered was calculated based on the available MEPRS data. The MEPRS cost is spread over all visits without taking into consideration whether a prescription was actually ordered for a particular visit. In order to use the more specific visit characteristics which were collected in the ACDB, it was necessary to compute an average cost per prescription and multiply this by the number of prescriptions ordered for a particular visit. The computations for obtaining the average cost uses the MEPRS average rate per visit ($5.43) multiplied by the total number of visits (516,006). The result was the total reimbursement ($2,801,912.00). This total rate was divided by the actual number of prescriptions (264,070) filled to determine average cost per unit ($10.61) (see Table 6).

X-RAY - The charge for this service was obtained by using 39% of the CHAMPUS rate for those procedures falling with the CPT-4 code range of 70002-79999. Since X-ray procedures have such a wide range of costs ($27.30 for a plain film to $661.00 for a CT Scan), it was decided that a percentage rather than the flat military (MEPRS) rate would be more appropriate. The total reimbursement was calculated by multiplying the number of visits (516,006) in the sample by the average reimbursement per visit ($2.49) for a total reimbursement of ($1,284,854.00). This was divided by the number of plain films (55,308) for an average military reimbursement of $23.23 per plain film. This ratio ($23.23/$59.52) of military to CHAMPUS was 39%.

This percentage was applied to all radiological procedures including high technology procedures like MRI, CT Scan, etc.

Table 6

Basis for Laboratory and Prescription Average Costs

	TOTAL VISITS	$ PER VISIT	TOTAL COST	NUMBER OF PROC	PER UNIT
LAB	516,006	$3.36	$1,733,780.00	152,982	$11.33
RX	516,006	$5.43	$2,801,912.00	264,070	$10.61

Other Special Cost Considerations

The inclusion of X-Ray costs in the study formulas presented a special challenge to the study group as only the number and the general type of X-rays were included in the data collection instrument (i.e., plain films, CT scan). To capture the cost of this important aspect of medical care, a staff physician assigned a CPT-4 X-ray procedure code to each clinic. The decision to assign a particular code to a clinic was based on the most common type of X-ray for that clinic. A complete list of CPT-4 X-ray procedure codes that were assigned by clinic is included in Appendix G.

Some of the CPT-4 procedure codes used in the study had no corresponding CHAMPUS costs. In order to use these codes, the physician assigned to the team selected a related CPT-4 code to substitute for costing purposes. A list of these codes with their corresponding substitutions is contained in Appendix H, Part 1.

The Pain Clinic presented another situation which required special treatment. Because of the specificity of the data collection form, duplication of documentation for injections sometimes occurred. To correct this double counting, an algorithm was written which grouped certain CPT-4

procedures together and assigned a cost based on the more expensive procedure. A list of these special cases is contained in Appendix H, Part 2.

Summary of Cost Methodology

In summary, the ACES Study team developed various cost methodologies using a variety of sources (e.g. MEPRS, CHAMPUS) to calculate resource utilization for each military health care visit. These cost equations allowed the investigation of various cost concepts using the combined strength of the ACDB data and in some equations, the CHAMPUS prevailing rates. In addition, the MEPRS cost data with its fundamental limitations was used. The development of each equation was an effort to investigate the various cost combinations and variations in those costs with respect to clinic visits in a military health care setting. Because of the limitations of the military cost expense system, the ACES project team chose to incorporate the CHAMPUS prevailing rates into a "proxy cost" for cost consideration.

A brief description of the four cost methodologies follows. The first formula uses primarily military costs, the second, civilian. The two remaining formulas only deal with partial costs. COST3 is military labor only and COST4 contains reimbursable costs in the current military system.

Cost Formulas

A brief explanation of each costing methodology follows:

COST1 = FACCOMP + X-RAY + LAB + RX + LABOR.

This equation is a combination of actual and computed military costs. This formula contains as complete a military visit cost as was possible to compute with available data. An explanation for each component in the formula is in a preceding paragraph.

COST2 = CHAMPUS Procedure Rate using a minimum rate based on time (100%

of CHAMPUS rate for X-ray and laboratory procedures included).

This cost formula uses only CHAMPUS rates for costs. The rationale for using only civilian costs (i.e. CHAMPUS) pertains to the aforementioned fact that the two systems being evaluated are civilian classification systems. Also, it provides a purer cost since it is not a mixture of military and civilian costs. However, one disadvantage of using CHAMPUS costs is that they are derived from charges not actual costs. This formula establishes a minimum value for each visit based on the CHAMPUS procedure costs for Office Medical Services. This costing methodology takes into account the fact that in 42% of our visits no procedures were coded. In a civilian community, any visit would contain at least one of the types of services listed in the CPT-4 classification of Office Medical Services. The Office Medical Services codes allowed for coding of visits which were primarily just office visits without a procedure listed elsewhere in CPT-4. If a visit contained no other procedures, then a basic office visit code was assigned based on the amount of time spent with a patient. The following is a breakdown of the time intervals used to determine each type of Office Medical Service code:

1 - 15 minutes used CPT-4 code 90000 Brief Service.

16 - 30 minutes used CPT-4 code 90015 Intermediate Service.

Over 30 minutes used CPT-4 CODE 90020 Comprehensive Service.

COST3 = Labor only.

This costing methodology looks only at the cost of provider time for a visit. The relationship of health care provider time and its

corresponding cost are of vital concern to both military and civilian health care facilities. This formula provides an advantage over using time only because it accounts for the fact that a given quantity of time does not carry the same cost for all health care providers. That is, 30 minutes of a neurosurgeon's time costs considerably more than 30 minutes of a physical therapy technician's time.

COST4 = (.055 MULTIPLIED BY CLMEAN) + X-RAY + ANCILLARY + LAB + RX

COST4 represents the sum of reimbursable costs as they currently exist in the Army Medical Department. It includes a computed military supply cost. The 5.5 percent of the CLMEAN represents this computed supply cost. This percentage was derived with the assistance of Herb Filmore, New York State Department of Public Health. Moreover, it should be noted that the 5.5 percent military supply cost compares favorably with the supply cost developed and utilized for reimbursement by the New York State Department of Health. Since it is based on an average procedure cost for a particular clinic grouping, some differentiation in supply cost occurs.

Correlation Among Cost Methodologies

There are a number of methods available to determine the relationship among cost methodologies. However, the most meaningful examines the amount of variance accounted for by each of the cost equations. The relationship among the cost methodologies is provided in Table 7. COST1 and COST3 are highly correlated (.8) in part because of the fact that COST1 includes COST3. COST1 and COST4 are highly correlated (.5) as there is overlap in that both include

X-ray, prescription, and ancillary costs. The CHAMPUS (civilian) data is less highly correlated with the military based costs. COST3 and COST4 are not correlated. There is no overlap and a link is not really expected between labor cost and supply cost since many procedures require no supplies (e.g., psychotherapy). It is important to note that while all the correlations are statistically significant ($p<.05$), this is due primarily to the large sample (516,006).

Table 7

Relationships Among Cost Methodologies

(N = 516,006)
Correlation Coefficient

COST	1	2	3	4
1	1.000			
2	0.3959	1.000		
3	0.8024	0.3376	1.000	
4	0.5360	0.2310	0.1286	1.000

$p<.05$ in all cases.

ANALYSES OF THE TWO AMBULATORY CLASSIFICATION SYSTEMS

Advisory Panel Review Section

An advisory panel made up of two subgroups, a physician group and a group of health care administrators, was convened to provide input regarding practical and clinical considerations in the selection of an ambulatory classification system. The physician portion had ten physicians currently serving in executive medicine positions. A complete listing of the

physician group is presented at Appendix I, Part 1.

The health care administrator group consisted of deputy commanders for administration (chief operating officers), comptrollers (chief financial officers), and patient administration officers. Many of these individuals had also served as consultants or staff officers at high levels (Office of The Surgeon General, Department of Defense Health Affairs). A listing of the individuals on the health care administrators group is presented at Appendix I, Part 2. The individuals on both groups were selected based on their medical and/or administrative specialty expertise. These individuals were also senior officers, colonels or lieutenant colonels with 17 to almost 30 years of military health care experience.

Panel Discussion

The panels emphasized that any system of classification must be designed to allow easy data collection and entry. No system, no matter how effective, will be accepted or used if too much effort is required to collect all the necessary data elements. More importantly, the data entry process should not be too lengthy or difficult to learn. Both panels doubted that physicians would spend more than just a few minutes per patient entering data and only then if the system was extremely user friendly. Division of data entry between physicians and administrative staff was desirable with physicians providing only the medically specific information (diagnosis, procedure, prognosis, etc.) and the administrative staff providing demographic information (age, gender, social security number, etc.).

Output from the system would have to be available within approximately two weeks as opposed to the six months many current information systems require. Additionally, for administrators and physicians to make meaningful changes within budget cycles, quarterly report cycles, etc., data must be

available in an easily interpreted/understood form early enough in the cycle to allow change. The information provided (output) would require a level of specificity to the clinic level in order to most effectively manage resources. The system selected must encourage care to be provided at the lowest level of specialization consistent with good medical practice. Gaming the system and treatment by "a tour of specialty clinics" should not be reinforced. For example, not every overweight individual needs to be seen by internal medicine and given a thyroid workup when a general practice physician could treat or at least screen the patient first.

The transparency (ease of understanding) of the grouping system was discussed at length. It should be designed so that inputs can be seen as outputs (unlike the problem with contact lenses) in the AVG system discussed in the AVG Analysis Section of the report. Managers must be able to track inputs to outputs to be able to make meaningful changes to the operation of their facilities. However, if the grouper is too transparent, gaming arises. This gaming rewards the creativity of the managers rather than allowing reimbursement for the actual cost of the health care provided. Nevertheless, it was well understood by all participants that to achieve a balance between the two would be very difficult.

The use of a classification system as an additional source of information was viewed from different perspectives depending on the panel. The physician panel desired a system that could provide additional information on issues such as quality assurance and utilization review. Administrators focused on the appropriate quantity and cost of resources used for a particular diagnosis/treatment combination.

The need to classify patients as "old" or "new" was discussed. Some felt that "new" patients (generally those being seen by either a different physician or for a different problem) require more time and/or resources than

"old" patients (generally those being seen for a follow-up for a previously presented problem or those being seen by a physician familiar with their medical history). The uniqueness of the military was emphasized here in that generally there is no "family doctor" of patients. Individuals usually see a different physician each time or physicians see so many different patients that each patient is in essence "new" again even if it is a repeat visit. The general consensus being that since cost/time data is not available to provide a definitive answer, it would be difficult to support two categories.

Based on these concerns, the clinical panel judged neither system able to meet all the desired features. However, based on the specificity and number of the AVG groups, they rated AVGs higher than PACs in the area of clinical meaningfulness.

PAC Evaluation

The sample data set consisting of 516,006 patient visits was entered into the Products of Ambulatory Care (PAC) software grouper. The grouper assigned 506,557 visits (98.5%) into the 24 PAC groups.

Although all 24 PACs contained visits, the distribution of visits between PACs varied. Given the clinical characteristics of the grouper, this could be expected. The three largest PACs were

1. PAC 8, Management of Class II Problems, Adult Age over 17, with 171,016 visits (33.8%);

2. PAC 16, Management of Class III Problems, with 61,503 visits (12.1%);

3. PAC 4, Management of Class I Problems, Child Age 0 - 17, with 54,263 visits (10.7%).

The remaining 19 PACs contained less than seven (7) percent each, with ten (10) PACs containing less than one (1) percent of the cases each. The smallest number of visits was assigned to PAC 18, Management of Chemotherapy

and Radiotherapy Treatments, which contained 446 visits (0.1%). There were no empty PACs.

Table 8 contains a distribution of the number of cases by ranges by PAC. A complete distribution of visits by individual PAC is contained in Appendix J, Part 1.

Table 8

Products of Ambulatory Care Distribution

NUMBER OF VISITS	NUMBER OF PACS	PER CENT
0	0	0.0
1 - 1,000	2	8.3
1,001 - 5,000	9	37.5
5,001 - 10,000	3	12.5
10,001 - 25,000	3	12.5
25,001 - 65,000	6	25.0
65,001 - 170,000	0	0.0
Over 170,000	1	4.2
TOTALS	24	100.0

An additional 7,870 visits (1.5%) were placed in ambulatory surgery categories (which at the time of this analysis were not included in the 24 PAC groups). Table 9 presents a distribution of these visits and the PAC to which they would have originally been assigned had a Products of Ambulatory Surgery (PAS) grouper not been developed.

Table 9

Products of Ambulatory Surgery (PAS) = PAC of Origin for PAS Visits

ORIGINAL PAC	# OF VISITS	PERCENTAGE
8 - MANAGEMENT OF CLASS II PROBLEM, AGE OVER 17	4,605	58.6
16 - MANAGEMENT OF CLASS III PROBLEM	1,077	13.7
14 - MANAGEMENT OF REPRODUCTIVE PROBLEM	546	7.0
4 - MANAGEMENT OF CLASS I PROBLEM, AGE 0-17	543	6.9
19 - MANAGEMENT OF CLASS IV PROBLEM	307	3.9
7 - DIAGNOSTIC INVEST OF CLASS II PROB, AGE OVER 17	248	3.2
15 - DIAGNOSTIC INVEST OF CLASS III PROBLEM	148	1.9
22 - OPHTHALMOLOGICAL SERVICES	135	1.7
6 - ANNUAL EXAM, OVER AGE 17	68	0.9
3 - DIAGNOSTIC INVEST OF CLASS I PROB, AGE 0-17	42	0.5
13 - DIAGNOSTIC INVEST OF REPRODUCTIVE PROBLEM	33	0.4
17 - DIAGNOSTIC INVEST OF CLASS IV PROBLEM	22	0.3
24 - DIAGNOSTIC INVEST W/NUCLEAR OR CAT IMAGING	21	0.3
2 - ANNUAL WELL CARE EXAM, AGE 3-17	14	0.2
18 - MANAGEMENT OF CHEMOTHERAPY & RADIOTHERAPY	14	0.2
12 - ANNUAL GYN EXAM	10	0.1
11 - PRENATAL REVISITS, AGE 19-34	8	0.1
5 - MEDICATION ADMINISTRATION	5	0.1
1 - WELLCARE EXAM, AGE 0-2	4	0.1
9 - INITIAL PRENATAL EVALUATION	3	0.0
20 - MANAGEMENT OF CLASS V PROBLEM	3	0.0
10 - RHINO-SEP PLASTY	0	0 0
21 - HEPATIC ENDO	0	0.0

Table 9 (Continued)

Products of Ambulatory Surgery (PAS) - PAC of Origin for PAS Visits

ORIGINAL PAC	# OF VISITS	PERCENTAGE
23 - CYSTOSCOPE	0	0.0
00 - MISSING (NO PAC ASSIGNED)	14	0.2
TOTAL	7,870	100.0

Finally, 1,593 visits (0.3%) were not grouped. Cases were not grouped for three reasons: errors in age, 604 (37.9%); errors in gender, 755 (47.4%), and inaccurate diagnosis codes, 234 (14.7%). The causes for most of these errors were: (1) putting the current date in the place of birth date, (2) coding in the wrong gender on the data collection instrument (invalid match between gender and diagnosis), and (3) miscoding diagnoses on the data collection instrument so that entry was not a valid ICD-9-CM code, respectively.

The first two reasons for errors could be related to the supplemental methods used for obtaining missing patient demographic information. Since registering patients was each clinic's responsibility, there were varying degrees of compliance. Missing demographic data were extracted from SIDPERS and DEERS data files.

There were problems in grouping some of the PAC visits. For example, all audiology procedures are intended to group into PAC 21, Audiology Testing. However, the criteria that place procedures into PAC 21 require that procedures be performed by an audiologist. In the military, a procedure may be performed by a technician rather than an audiologist thus causing the visit to be grouped into another PAC. Other misgroupings were a result of

differences in clinic organization. The military has Audiology Clinics, but the PAC Grouper doesn't recognize this entity and treats this as part of the ENT Clinic.

Despite these differences, the PAC appears to be grouping appropriately in most cases.

AVG Evaluation

The same sample data base of 516,006 cases, which was used to group the PACs, was run through the AVG software grouper. The AVG grouper placed 508,125 cases (98.3%) into 431 of the possible 570 AVG groups, leaving 139 groups unused. Some cases (8,725 or 1.7%) were not grouped. There were three main reasons for visits not being grouped. The first reason was that the principal diagnosis was invalid (N=3,303, 37.9%). The second group contained an invalid match between gender and diagnosis (N= 2,327, 26.7%). The last group contained visits where more than one significant procedure had been performed in cases that would normally be grouped to MADC 19 (Mental Health) (N=3,094, 35.5%). This MADC has no hierarchy for multiple significant procedures. In the first case, invalid diagnosis, this could be due either to an invalid ICD-9-CM code and/or a valid ICD-9-CM code that was too general to be grouped. This later group included (1) V239, unspecified high risk pregnancy (N=2,167); (2) 229, benign neoplasm, other specified site (N=219); and (3) V588, unspecified aftercare (N=61). These three diagnoses account for 74.1% (N=244) of the total errors due to invalid diagnoses.

Although 431 of the 570 AVGs were used in the grouping process, the distribution of visits varied greatly between the AVGs. The largest four AVGs were AVG 2300, General Medical Examination, with 28,966 visits (5.6%); AVG 0825, Old Patient, Tendonitis, Myositis and Bursitis with 14,803 cases

(2.9%); AVG 0805, New Patient, Tendonitis, Myositis and Bursitis with 12,856 cases (2.5%); and AVG 1420, Old Patient, Normal Pregnancy, Antepartum, with 12,315 cases (2.4%). All the remaining AVGs had 2.0 percent or less of the cases. Table 10 lists a breakout of the number of cases by ranges for the entire spectrum of AVGs.

Table 10

Ambulatory Visit Groups (AVG) Distribution

NUMBER OF VISITS	NUMBER OF AVGs	PER CENT
0	138	24.2
1 - 10	68	11.9
11 - 50	61	10.7
51 - 100	31	5.4
101 - 300	66	11.6
301 - 500	41	7.2
501 - 750	35	6.1
751 - 1,000	20	3.5
1,001 - 1,500	30	5.3
1,501 - 2,500	23	4.0
2,501 - 5,000	28	4.9
5,001 - 10,000	21	3.7
Over 10,000	8	1.4
TOTALS	570	99.9*

*Cumulative rounding error.

Because of the complexity of the algorithm, cases may be sorted to AVGs other than those that would appear to be intuitively obvious. Procedures are not uniquely assigned to a specific MADC, so that the same procedure performed on patients with different diagnoses may be assigned differing AVGs. For example, visits for the purpose of an esophageal motility study were assigned to an AVG for the Circulatory System (MADC 5, AVG 0557) and also to an AVG for the Digestive and Hepatobiliary Systems and Pancreas (MADC 6, AVG 0666).

An examination of the 138 unused groups revealed other problems. The two AVG groups titled "Contact Lens Fitting" remained empty although the ACDB contained 418 visits with contact lens fitting procedures. This was the result of grouping based on diagnosis rather than procedure, since the AVG grouper recognizes contact lens fitting as a diagnosis rather than a significant procedure.

There were 376 vasectomy procedures in the data, yet only 15 were grouped into AVG 1242, Procedure, Vasectomy, Class 1. An examination indicated that CPT-4 procedure 55250, Vasectomy groups into AVG 1242 only if the related diagnosis is V252, Sterilization. Any other diagnosis sends this visit off to another AVG. Another example is that a diagnosis of ICD-9-CM code 9955, Child Maltreatment Syndrome, will generally (17 of 29 times) end up in AVG 2312, Battered Child. But, if the ICD-9-CM diagnosis code of V6121, Child Abuse, is used, then it goes into AVG 2305, Social Problems, Counseling. This was the case with 1,035 visits in the sample. This lack of transparency makes case tracking, accounting, and quality control extremely difficult. It further leads to a question of the clinical meaningfulness of the AVG grouper or for the necessity for special guidance to providers concerning the assigning of diagnosis and procedure codes.

Some AVGs use only one or two diagnostic/procedure codes for inclusion,

such as AVG 0250 that uses only Retrobulbar injection, ethanol. This AVG was empty because the data base only contained cases which are less specific, e.g., Retrobulbar injection without agent specified.

Also, many of the AVGs containing only a few diagnoses/procedures are at the upper extremes of outpatient medical practice. These more complicated cases are usually managed in an inpatient setting in the medical facilities embraced by the ACDB. A complete listing by AVG frequency can be found in Appendix J, Part 2.

The analyses of the AVGs used 323 AVG groups leaving 138 empty groups. Of the 323 groupings, 109 had less than 30 visits rendering them unsuitable for inclusion in the Analysis of Variance (ANOVA). Thus, the ANOVAs were based on 56.7% of the total 570 AVGs.

Statistical Consultation

An external statistical consultant was hired to review the planned evaluations with special emphasis on the statistical techniques employed. This individual was trained at the doctoral level in statistics, public health, and research methodology. This consultant has worked on other health care evaluation projects for this activity and at the time of the study was on the faculty at the University of Texas Health Science Center, San Antonio, Texas.

The consultant's primary concern focused on the adequacy of the costing methodology (at the time of the consultation, only one cost formula had been developed). The additional formulas developed allow an examination of the groupers from various fiscal perspective.

The consultant also cautioned the ACES Team on the danger of viewing "statistically significant" findings as "meaningful" differences that in reality may be an artifact of the large sample size (516,006 visits). The

primary objective of a grouping system should be homogeneity within a group and heterogeneity between groups. This might require a subgroup (AVG and PAC) by subgroup comparison to examine costs for practical and/or meaningful differences.

The statistical results alone cannot be used as the basis for selection of a classification system. There are practical and political considerations which also have an impact on the selection process. Another consideration stems from the fact that the two major systems are civilian based but are being evaluated for a military setting.

The consultant spent ten hours working with the study team and/or reviewing printed material on the evaluation. The evaluation with the planned statistical tests was deemed appropriate and well designed by the external statistical/methodological consultant.

Analysis Using Costs

The four costing methodologies discussed earlier were applied to the PACs and AVGs to allow analyses on the effectiveness of these groupers as resource allocation devices. ANOVAs were run on each grouper using the four different cost formulas. This resulted in a total of eight ANOVAs. Discussion of the differences will focus on the F-ratio (the ratio of between group variance divided by the within group variance, the higher the ratio the more difference in cost between subgroups with respect to difference within a group) and the amount of variance explained (how much of the total variance in the cost is accounted for by the subgroups). It is important to remember that the algorithms of both of these grouping systems use variables such as age, sex, diagnosis, procedure, etc., to group data concerning patient care. Costs therefore, are attached to each visit after the grouping has been completed. Subgroup means, minimums, maximums, etc., are then computed and used in the

analyses. The examinations are essentially how a clinically based grouper coincidentally groups cost data. The amount of variance explained and the F-ratio values are a function of the interaction between the grouper and the cost formulas. Some cost formulas may attach costs to visits that have a greater variability than others. For example, COST1 has greater variability than COST2 which has a minimum cost per visit which establishes an artificial floor. This reduces the range of costs and therefore the variability. Initially, comparisons will be within a grouper system then shift to a comparison between grouper systems.

The results of the ANOVAS using the PAC grouper with the four cost methodologies are presented in Table 11. The grouper is most effective (accounts for the greatest variance) when using COST4, the reimbursable military supply cost, and least effective when using COST3, labor cost only.

Table 11

ANOVA Summary for PACs

N = 506,557

COST #	COST FORMULA	F-Ratio	R-Square
COST1	FACCOMP + X-RAY + ANCILLARY + LAB + RX + LABOR	3316.96	0.1309
COST2	PROCEDURE + X-RAY + ANCILLARY (ALL CHAMPUS w/MINIMUM COST BASED ON TIME)	4869.76	0.1811
COST3	Labor	1785.24	0.0750
COST4	0.055 CLMEAN + X-RAY + ANCILLARY + LAB + RX	9312.46	0.2972

The results of the ANOVA on the AVG Grouper are presented in Table 12. The AVG grouper was most effective when using cost formula 2, CHAMPUS procedure cost, accounting for 33% of the variance. It was about equally ineffective with the other three formulas, accounting for less than 19% of the variance.

Table 12

ANOVA Summary for AVGs

COST #	COST FORMULA	F-Ratio	R-Square
COST1	FACCOMP + X-RAY + ANCILLARY + LAB + RX + LABOR	255.71	0.1400
COST2	PROCEDURE + X-RAY + ANCILLARY (ALL CHAMPUS w/MINIMUM COST BASED ON TIME)	790.54	0.3347
COST3	LABOR	290.41	0.1560
COST4	0.055 CLMEAN + X-RAY + ANCILLARY + LAB + RX	359.76	0.1863

The groupers, using the same cost formulas, accounted for different amounts of variance as can be seen from Table 13. A Pearson correlation on the R-square values yields a value of 0.251. A Spearman Rank Order Correlation Coefficient of the two systems yields a value of 0.600. These values indicate a general similarity of values and rankings. There exists a difference in that PACs work best with COST4, the military supply cost formula, and the AVGs, with COST2, the CHAMPUS (civilian) cost formula.

Table 13

R-Square Comparison for PACs & AVGs

COST #	COST FORMULA	R-SQUARE VALUE (RANK) PACS	AVGS
COST1	FACCOMP + X-RAY + ANCILLARY + LAB + RX + LABOR	0.1309 (3)	0.1400 (4)
COST2	PROCEDURE + X-RAY + ANCILLARY (ALL CHAMPUS w/MINIMUM COST BASED ON TIME)	0.1811 (2)	0.3347 (1)
COST3	LABOR	0.0750 (4)	0.1550 (3)
COST4	0.055 CLMEAN + X-RAY + ANCILLARY + LAB + RX	0.2972 (1)	0.1863 (2)

The problem involved in these analyses is the interactive nature of the cost methodologies and the efficiency (amount of variance explained) of the two groupers. The efficiency of the groupers is dependent on the cost methodology used in the determination of that efficiency. The determination of which grouper the Army Medical Department should chose will be influenced by how the costing is done. This, in turn, is influenced by the ability of current fiscal/accounting/recordkeeping/computer systems to provide a visit by visit cost. Classification systems are designed to function using a cost or billing for each visit (common practice in civilian facilities) that is not used in the military setting as health care is free to the beneficiary.

Additional Analyses

A concern was raised about the "normality" of the data distribution since it was positively skewed. Based on our entire Sample 1, Table 14 shows the amount of skewness and kurtosis found in each cost algorithm.

Table 14

Characteristics of Sample 1 Cost Distributions

(N=516,006)

COST ALGORITHM	SKEWNESS	KURTOSIS	LOG OF COST SKEWNESS	LOG OF COST KURTOSIS
COST1	4.9290	42.5020	0.1087	0.5560
COST2	6.4926	103.5120	1.0512	0.9569
COST3	5.6866	64.0971	-0.1218	0.6878
COST4	4.2747	35.5856	0.7904	-0.3818

A frequently used method to reduce skewness is to use the logorithms of the values (Murphy, Thomas, and Bolling, 1967; Snedecor and Cochran, 1971). Using this data transformation method, an examination was made for any improvement in skewness. Results are shown on the right side of the previous table.

When the visits were grouped using the PAC and AVG software, the subgroups also had skewed distributions. This might be expected since the entire sample was skewed. However, if the grouper were misclassifying visits, this may have contributed to the amount of skewness. A summary of the average skewness for each cost algorithm across all groups is shown in Table 15 for PACs and Table 16 for AVGs. An examination of these tables indicates that using the log transformations improved skewness considerably.

Table 15

Characteristics of Sample 1 Cost Distributions After PAC Groupings

(24 Groups N=506,557)

COST ALGORITHM	SKEWNESS	KURTOSIS	LOG OF COST SKEWNESS	LOG OF COST KURTOSIS
COST1	3.2780	24.1662	0.1573	0.6542
COST2	3.2936	28.0576	0.6255	0.8167
COST3	4.3339	41.6401	0.0610	1.4159
COST4	3.7918	47.5518	1.5643	23.8973

Table 16

Characteristics of Sample 1 Cost Distributions After AVG Groupings

(323 Groups N=506,286)

COST ALGORITHM	SKEWNESS	KURTOSIS	LOG OF COST SKEWNESS	LOG OF COST KURTOSIS
COST1	2.9260	21.1019	0.0164	0.7434
COST2	3.8860	46.5195	0.8954	2.0765
COST3	3.4713	30.4319	-0.1537	1.1894
COST4	3.4538	25.1678	1.0589	2.6215

Further examination of the costs was done by running ANOVAs using the logs of the costs. As can be seen in Table 17, the numbers didn't change much by using log values; however, the results would be more acceptable because of better meeting the assumption of normality for ANOVA.

Table 17

R-Square Comparison for PACs & AVGs Using Log Transformations

COST #	COST FORMULA	R-SQUARE VALUE (RANK) PACS	AVGS
COST1	FACCOMP + X-RAY + ANCILLARY + LAB + RX + LABOR	0.1257	0.1597
COST2	PROCEDURE + X-RAY + ANCILLARY (ALL CHAMPUS w/MINIMUM COST BASED ON TIME)	0.2005	0.3110
COST3	LABOR	0.0922	0.1889
COST4	0.055 CLMEAN + X-RAY + ANCILLARY + LAB + RX	0.1924	0.1708

Discussion

While this initial report covers only two classification systems, albeit the two most widely written and discussed, there have been some interesting and critical findings obtained from the results.

First, it cannot be over emphasized that if the purpose of an ambulatory classification system for the military is the allocation of resources, the effectiveness of a classification system is directly related to the methodology used to attach a "cost" to each visit. The effects of the various costing formulas on the classification systems reviewed were discussed more fully in the section on Cost Methodology and Financial Database.

Secondly, some classification systems work much better in terms of explaining more cost variance with a particular cost methodology than others. This is of particular importance to the military, since at the present time the military (unlike the civilian community) is not fully capable of producing a "bill" or itemized list of "cost" for services provided during a visit.

Until the military is able to produce such a "bill", efforts toward direct comparisons of cost with the civilian community for specific medical services will be severely hampered.

In general, all ambulatory classifications systems use various combinations of procedures, diagnoses, and selected patient demographic information (i.e. age and gender) to divide visits into categories. It would therefore seem reasonable that for a classification system to be optimally effective as a "resource allocator" or "cost containment tool," it should be developed by using a combination of clinical and cost variables simultaneously. This would best be accomplished using an iterative process with inputs and outputs reviewed by both clinicians and comptrollers/resource allocators.

Third, the results of the study clearly provided a greater understanding of ambulatory classification systems, especially when using a large data set which covered the spectrum of military-based hospital outpatient services. As a result of employing a large data set across diverse outpatient services, a number of interesting observations were drawn. For example, if a data set containing more than 500,000 visits did not use all the AVGs, the question of the necessity of having the groups structured the way they are in the AVGs. That is, 570 groups may be an appropriate number, but the algorithm needs to be restructured so that all groups are used. With 140 empty groups, the AVG algorithm has created groups which the military data did not fill. However, the possibility that the military outpatient departments did not maximize the number of outpatient procedures that can be performed must also be considered. Additional possibilities to explain the empty AVGs may be attributed to a lack of widespread occurrence of the diagnoses or procedures which make up the empty AVGs. Finally, the ACDB Study used only selective portions of the ICD-9-CM and CPT-4 codes for which AVGs were designed. This, too, could account

for some of the empty groups.

Conversely, given the large number of visits and the diversity of these visits in each of the PACs, it seems appropriate to expand the PAC grouping beyond the present configuration. Thus, an ambulatory system which would contain more groups than the PACs and perhaps fewer than the AVGs would be a more practical system. For example, the largest PAC contained such a diversity of procedures and diagnoses that it lost clinical meaningfulness. In short, some PACs appeared to form too coarse a grouping of visits while distinctions between AVGs groupings were perhaps too fine. Nevertheless, in any ambulatory classification system, the number of subgroups must be of a significant number to allow for meaningful clinical and cost differences to be evident. Too few groups create large groups without clinical meaningfulness. More specifically, this results in too many varied combinations of procedures and diagnoses being grouped together. On the other hand, AVGs appear to be creating unnecessary divisions among clinically related disorders and producing overlapping groups with respect to cost.

A fourth area that merits discussion concerns the inclusion of nonphysician health care providers in an ambulatory classification algorithm. At the present time, none of the systems reviewed in this study, nor the systems under development, incorporate nonphysician providers into their classification systems. Further, it does not appear that they plan to do so in the future. This is a serious concern to the military where an extensive network of nonphysician providers has been developed. Thus, any classification system intended for military use should have provisions for nonphysician health care providers. This provision could be made through the use of expanded CPT-4 codes, modification and utilization of the expanded HCFA Common Procedure Coding System (HCPCS) or the development of a system of

military procedure codes which could be rolled up into either of the aforementioned coding conventions.

In summary, at the present time (in their current form) none of the ambulatory classification systems reviewed in this report meets the needs of the military for the allocation of resources. This should not come as a surprise to anyone since these systems were not designed to operate in a environment where comprehensive, cradle-to-grave medical care is provided without cost considerations or concerns for precise cost accounting procedures or billing.

Conclusions and Recommendations

The results of the study provided a greater understanding of ambulatory classification systems as they apply to the military -- especially when using a large data set across the spectrum of military based hospital outpatient services. At this juncture it appears that if the military is to comply with the National Defense Authorization Act for FY 87 (S.2638), 14 November 1986, Section 1101, which directed the Secretary of Defense to establish by regulation the use of outpatient DRGs as the primary criteria for allocation of resources for DoD Medical Treatment Facilities (MTFs) on 1 October 1991, much work needs to be undertaken. More specifically, the following must be accomplished:

1. A financially sound cost methodology must be developed. This methodology must account for as many of the factors related to the providing of care as possible.

2. An extensive evaluation of the recently developed ambulatory classification systems such as the Products of Ambulatory Surgery (PAS) and the Emergency Department Groupings (EDGs). There are two other systems in the process of release that will be evaluated when they become available:

the previously mentioned Ambulatory Patient Groups (APGs) and Ambulatory Care Groups (ACGs) (Weiner, Starfield, Steinwachs, and Mumford (in press)).

3. The military must realize that it may not be possible to "take off the shelf" an ambulatory classification system and without major modifications implement it throughout the medical system.

4. Since all current ambulatory classification systems focus on physician services, it would be prudent for the military to initiate as soon as possible the development of an ambulatory classification system which would incorporate non-physician health care providers.

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APPENDIX A

CONTEMPORARY CLASSIFICATION SYSTEMS

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CONTEMPORARY CLASSIFICATION SYSTEMS

For convenience, these systems are discussed in groups according to their overriding classification goal; however, this distinction is blurred for some systems which lie on the boundaries. The three general types are systems which describe patients' conditions (diagnosis, treatment, prognosis); systems which describe degree of condition (complexity, severity); and systems which describe likely resource consumption.

1. Medical Condition Systems. This family of systems is the oldest and most established, and takes its roots in clinical medicine.

Condition systems may be disease or procedure oriented. For the former, the de facto standard system in this country is the International Classification of Disease, 9th edition, Clinical Modifications (ICD-9-CM) (Fetter 417), which is the most commonly used system by insurers, and is also used in the and DRG system (Karen Schneider 5). A brief description of six purely diagnosis-based systems follows:

CR Alpha Coding System. Developed by Martin from the outdated symptom coding system used in the National Ambulatory Medical Care Survey database, it is a nearly exhaustive listing of diagnoses, partitioned by body system (Don Schneider 78).

Diagnostic and Statistical Manual of Mental Disorders. This is an exhaustive listing of mental disorders only.

Diagnostic Clusters (Schneeweiss). This is a nonexhaustive listing of patient diagnoses, based on clinical homogeneity. It seeks to reduce the vast number of choices of ICD-9-CM into a more manageable number of less specific

packages, with a resulting reduction in coding errors. It has 92 clusters, which leave about 14% of all visits unclassified (Schneeweiss, Rosenblatt et al. 107-10).

International Classification of Disease (ICD-9-CM). This is an exhaustive listing of all possible patient diagnoses, totaling more than 3,000 discrete codes.

International Classification of Health Problems for Primary Care (ICHPPC). This listing of diagnoses encountered in primary care is not fully exhaustive, is partitioned by organ systems, and results in 371 groups.

Royal College of General Practitioners Classification of Diseases. This English system of classifying diagnoses was tested against ICD-9-CM, and found to be inferior for distinguishing patient conditions likely to affect resource consumption (Fetter 417-18).

Compared to the diagnosis goal systems, the procedure-based systems have a naturally closer relation to the prediction of resource consumption of a single visit, though their single procedure orientation makes them impractical for resource prediction for a multi-visit episode of care. The traditional standard system has been the Physician's Current Procedural Terminology, 4th Edition (CPT-4) of the American Medical Association, used both by outpatient departments and most physician's offices (Karen Schneider 5). A brief description of four procedure-based systems follows:

Blue Shield Coding and Nomenclature Manual. Blue Cross uses this coding system of procedures cross-referenced to CPT-4.

CPT-4. Most physicians' offices use this exhaustive listing of possible outpatient procedures, which are not directly tied to specific diagnoses.

HCFA Common Procedure Coding System (HCPCS). A modification of CPT-4, this system is mandatory for Medicare claims (on HCFA form 1500) and was scheduled to be mandatory for Medicaid claims by the end of 1986 (National Center for Health Statistics 6).

Tindall's Hierarchical Code. Tindall's four-digit codes were used to describe the procedural component of a visit; they also were based on CPT-4 codes, in combination with the American Society of Hospital Pharmacists (Yale). Field-testing was ongoing in 1984 (Fetter 418).

Neither diagnosis nor procedure systems include sufficient characteristics in the entity (patient diagnosis/medical procedure) to define likely resource consumption. Although procedures do better than diagnoses for visit-based resource estimation, many visits have no significant procedure performed. Also, other variables can cause wide differences in resources used even when a procedure is present.

Consequently, systems from these groups may be used as an element of a more comprehensive system to provide relatively objective measures of diagnoses and/or procedures as two relevant characteristics, but not as the sole definition of the entity to be grouped.

2. Degree of Condition Systems. These systems are relatively young and evolved as a result of other classification systems failing to predict fully the intensity of care needed. None has achieved widespread recognition or acceptance. Five systems are described.

Acute Physiology and Chronic Health Evaluation (APACHE). This severity assessment is only applicable to intensive care settings (Arbitman 40).

Ambulatory Care Client Classification Instrument. This system has as the

entity the patient, who is then graded in 15 categories, usually subjectively by trained evaluators. A weighted sum method (factor analysis) is used to predict the degree of nursing care required, quantified both to knowledge level required and to intensity of nursing. The model explains 52% of the variance in nursing care observed in testing of the instrument by Verran. Unfortunately, testing was limited to one medical center (with seven clinics), and the classification process is time-consuming both in training and evaluation.

Disease-Staging. This HCFA-funded system was developed by Gonnella to assess disease severity in inpatients only. It may have limited eventual application to outpatient care for aftercare or full chronic care regardless of hospitalization. However, its goal orientation is not prediction of resource consumption but rather quality assurance (Arbitman 33-34).

Medical Illness Severity Grouping Systems (MEDISGRPS). Like the Severity of Illness Index, this assessment is independent of diagnosis; unlike it, subjective judgments are not used and objective clinical findings form the basis of the assessment. However, it is designed only for inpatients, and extension could only handle aftercare and admission adequacy needs. It requires data not routinely available, and is calibrated at severity levels that would not normally be seen in outpatients (Arbitman 36-37).

Severity of Illness Index. Horn's system of assessing disease severity is independent of diagnosis, but can be linked to it via a sixth digit added to the ICD-9-CM code. The rating is subjective based on diagnostic stage, interacting conditions, therapy response, impairment, complications, staff dependency, and procedures. Up to 12 levels of severity may be defined, and the assessment is both expensive and time-consuming. The definitions are

uniquely oriented to inpatient conditions and inappropriate to outpatient care, so Horn was reported to be working on an ambulatory version in 1986 (Arbitman 34-35). This three-year HCFA-funded project will be developed as a complementary system to the Ambulatory Visit Group (AVG, see the following section) (Horn 1).

Like the preceding family of patient condition classifications, the degree-of-condition classifications are not intended to capture full resource requirement determinants. They, too, could be the basis for defining measurement of one of the relevant characteristics of a resource allocation classification system.

3. Resource Consumption Systems. These systems are the most dynamic current systems with more than 15 new ones developed within the last two decades. They can be subdivided according to the temporality of the determining entity -- the visit or the episode. Because systems based on episodes poorly suit the military need for resource allocation (see the Applicability paragraph of the Criteria), the eight episode-based systems will only receive cursory reviews:

Ambulatory Condition Package (ACP). Walden developed this system of year-long episodes of care which uses entity dimensions of location, age, sex, comorbidity, number of visits, number of illnesses, and primary illness. The developmental method utilized old subjective data from a single health care system, and was based on simple, not multiple, regression analysis (Walden 14-16).

Greenlick's System. Based on the 17 major classes in ICD-9-CM, this system expanded the number of classes to 33 to characterize ambulatory care in

Oregon. Although resource consumption was the dependent variable predicted, it was only measured in terms of number of visits (Fetter 418).

Kaiser Clinical-Behavioral Classification System. This system was developed by Greenlick and Hurtado for non-hospital settings. The packages were ten behavioral clusters encompassing 46 subgroups (Yale 4-5). The developmental method was purely subjective, and according to Fetter, used data applicable only to the Kaiser setting (418).

MDC-Index (Major Diagnostic Categories Index). This system based on year-long episodes classifies patients by assigning each patient visit during the year into one of 17 major diagnostic categories (MDCs) according to the reason for the visit (Rogerson 786). Then the number of MDCs necessary to account for more than half of that patient's visits is counted and used as an index number. Isoresource groups are formed according to the relevant dimensions: the MDC-index number, primary MDC, age, total charges, race, new or old patient, and number of medications prescribed (Stimson 684, 700). The system's weaknesses include that it is retrospective rather than prospective, and there were substantial limitation in the method of its development. These limitations included using billed charges in lieu of costs; including only internists in the study; using a physician sample of four, all of which were associated in partnership with each other; having all patients from the Veterans Administration, generally old men; and using one-at-a-time stratification analyses without controlling for confounders or other known determinants.

P-Index (Problem Index). This alternate form of the MDC-Index system differs from it only in that a count is made of all problems seen rather than just the major diagnostic categories of problems and the primary problem can

be any of over 1000 categories (Rogerson 786). All other aspects and weaknesses of the MDC-Index system apply.

Patient Management Categories (PMCs). Developed by Blue Cross of Pennsylvania under a HCFA grant, these packages were defined normatively by a panel of physicians deciding appropriate treatments for 800 common diagnoses. The cost of the "preferred treatment" was then derived by using cost data from six Pennsylvania hospitals, after reallocating costs using the System for Hospital Uniform Reporting (SHUR) (Arbitman 37-38). The underlying diagnosis and procedure characteristics are ICD-9-CM and CPT-4 respectively (Blue Cross 38-41).

Resource Utilization Groups (RUGs). This episodic system is limited to resource estimation for long-term care (Arbitman 40). This type of care is not within the mission of the military.

SMDC-Index (Single Major Disease Category Index). This alternate form of the MDC-Index system differs from it in that only the MDC accounting for more visits than any other is considered a relevant characteristic, with neither the type or number of other MDC visits used (Rogerson 786). All other aspects and weaknesses of the MDC-Index system apply.

The episode-based systems are not applicable under the current military treatment system, with its eligibility rules and voluntary selection by beneficiaries. Should a system such as CHAMPUS PRIME be extended, forcing beneficiaries to elect one system for all of their health care needs, an episode-based system would be feasible as a basis for military resource allocation. Nine such systems are described below. For those without a compelling disqualification from consideration, reasonable detail is provided.

Ambulatory Visit Groups (AVGs).

These were originally termed Ambulatory Patient-Related Groups (APGs) (Knapp 2-3).

The candidate relevant characteristics used were: age, presenting problem, secondary problem, principal diagnosis, presence/absence of secondary diagnosis, visit status (old or new patient, or old patient with new problem), reason for visit, referral, and use of psychotherapy (Fetter 423). The underlying diagnosis and procedure measuring system is ICD-9-CM and CPT-4 respectively (Karen Schneider 4).

The general measure of resources used was physician time. For procedures, RVUs were used as the measure (see Relative Value Units) in combination with actual Florida Medicare charges (Karen Schneider 27). For nonprocedures, NAMCS data on nonfederal physician's time was used (Martin 27). Fetter reports ongoing work to analyze ancillary costs, including medication charges (Roerig 2).

The developmental methodology was aimed at finding independent predictor variables of resources use that explained large amounts of variance with only crude partitions (Knapp 6). To do this, a statistical technique and software termed the Automated Interaction Detector was applied to the NAMCS database, and an automated classification scheme termed AUTOGRP resulted. The criteria applied for partitioning was (1) resolution (variance in resource use within groups less than among groups), (2) constancy (weights are reproducible in different institutions). and (3) predictive ability (Yale 19-24).

The resulting algorithm partitions the visits according to the characteristics in this order: (1) whether the major reason for the visit was diagnostic; (2) into 19 major diagnostic categories (MDCs); (3) whether a significant procedure was performed; (4) whether old or new patient, and then (5) to specific diagnostic clusters. Nondiagnostic visits are partitioned

first to one of five broad areas (prevention, treatment, medicolegal problems, administrative visits, and other) and then to specific needs. Additional variables used in defining individual AVGs include diagnosis, age, sex, visit disposition, and supplementary reasons for the visit (Karen Schneider 10-37).

Current AVGs, like early DRGs, are not numbered consecutively (Lion, Malbon, Bergman 61). The current AVG construction is four digit, two for the MCD, one for type of AVG (new or old patient, procedure or psychiatric visit), and a final sequential digit for the cluster.

The internal validity of AVGs exceeds all other systems considered, because of the system's statistical origin. However, some subjectivity is involved in classifying a patient as "new" or "old" when considering new problems for old patients, or when an old patient sees a new physician in the same clinic (Lion, Malbon, Bergman 66).

The homogeneity of AVGs in predicting total resource consumption is suspect. When tested against data gathered at both clinics and hospital outpatient departments in New York and Boston, more than half of the common AVGs show a total cost coefficient of variation of about 1.00, which is similar to many DRGs. However, the correlation between provider time and resource use is only .31, and as low as .1 for cases like diabetes and depression (Lion, Malbon, Bergman 64). The same researchers report that physician time correlates too poorly for the system to be feasible for hospital clinics. The homogeneity of the groups may be further improved by Horn's work to merge Severity of Illness Index with the AVG system (Horn 1).

The reliability of the system is not suspect due to sample size, sample accuracy or sample heterogeneity, providing it is not applied to a different population than nonfederal, office-based physicians. It is the only system yet developed for ambulatory care using a statistical method which optimizes partition number and boundaries.

Applicability is questionable under three of the four subcriteria. Only comprehensiveness is excellent, since less than 1% of visits fail to match an AVG (compared to 5% for the DRG system) (Lion, Malbon, Bergman 65). The remaining sub-criteria have shortfalls:

The defined entity excludes visits to nonphysicians, a substantial portion of military healthcare.

The resource goal predicted, physician time, fails to predict all other areas of resource consumption (although work is ongoing). The current system's resource prediction is unaffected by the use of laboratory tests, diagnostic radiation, or anesthesia administration, which may be particularly unfair in visits involving CT-scans, major laboratory work, electrocardiograms, or x-rays for physicals. Clinics with high proportions of chronic care patients may be hurt because of the lack of impact of secondary diagnoses (Lion, Malbon, Bergman 60, 67-68).

The type of sample poorly reflects military healthcare since it was nonfederal physicians only (Martin 27), office-based physicians only, and excluded all telephone contacts and institutional or outpatient department encounters (Fetter 420).

AVGs do well on all of the acceptability subcriteria:

Groups are clinically homogeneous, and care was taken to adopt partitioning as parallel to DRGs as possible (Karen Schneider 6). Physicians reviewed the partitions for clinical meaningfulness as well as for isoresource consumption (Fetter 423).

As a HCFA-funded system, especially from an organization with a proven success record (the DRG system), AVGs enjoy substantial political appeal.

Virtually all of the data elements required for classification are normally available, although a handful of exceptions exist. Five AVGs require

data not normally in current billing systems: injections/prescriptions only, screening/surveillance only, chest pain versus other ischemic heart disease, established cancer patient subsequently admitted to hospital, and initial chemotherapy visit (Lion, Malbon, and Bergman 58).

Finally, while the number of partitions is not small, it also is not excessive and is comparable to the DRG system. The current level of package homogeneity is achieved with 571 AVGs grouped into 154 clusters (Fetter 423).

Diagnostic Related Groups (DRGs).

The relevant characteristics used, in order of algorithm partitioning, are: operating room procedures, diagnosis, secondary conditions, treatment, age, and discharge status. The developmental methodology was identical to AVGs, excepting that length-of-stay for inpatients was used as the resource consumption measure instead of physician time. Although this system has no current applicability to ambulatory care, it could be revised to reflect outpatient needs prior and subsequent to hospitalization (Arbitman 32-33). Such an extension might solve the inpatient/outpatient workload assumption mentioned earlier (see Assumption 3).

Emergency Department Grouping (EDGs). This system is a HCFA-funded project whose findings are not yet published. Cameron at UCLA is developing the system whose scope is limited to Emergency Department encounters, but which is claimed to have the potential for serving as the framework for case-based reimbursement for all components of hospital-based ambulatory care. The developmental methodology has been devoted to building a database from four hospitals which includes both patient-keyed resource consumption information and patient-specific information. Although approximately 150-200 EDGs are anticipated, the method of developing the partitions is not published. The anticipated relevant characteristics include diagnoses, age, disposition

(including admission), and procedures. Unlike all other reported resource consumption systems, this one predicts two different resource uses: physicians and all other hospital direct care services ("Outpatient DRGs" 1, 5-6).

While insufficient information is available to assess validity, reliability, acceptability, or applicability, this system represents a important concept for military resource allocation. If a DRG system is used for resource allocation for inpatient care (as Congress has directed), and if resources were allocated in some fashion for outpatient visits, the primary remaining void would be physician services. The DRG system does not include them because civilian hospitals are not responsible for physician fees of the primary providers; yet military hospitals do not view physician compensation differently from that of other military or civilian workers hired or contracted by the hospital.

This suggests that any use of the DRG system would require a parallel effort to identify the physician costs of DRGs. A parallel system for outpatient care would likely be less confusing and cause fewer gaps and overlaps than using an all-in-one ambulatory visit resource predictor. This is a second alternative to using the DRG extension as the method of handling the physician-time costs at the inpatient-outpatient interface.

Johns Hopkins Ambulatory Care Coding Scheme (JHACS). Developed in 1978 by Steinwach and Mushlin, this system abridges and integrates several patient medical conditions systems (ICD-8, DSMMD) while focusing on the physician's restatement of the patient's perceived problem (Fetter 418). The difficulty in medical restatement of laymen perceptions is identified by Don Schneider as the system's primary failing (78). Fetter notes the system lacks reliability in that it relates case-mix data poorly to resource consumption (418).

Patient Request Codes. This system was developed in the 70s by Gilson, Gordon, and Weinstein. Its relevant characteristics, each of which is one possible partition to hold the visit entities, are: symptoms, diseases, therapeutic procedures, preventive screening, and diagnostic procedures, and consultation and counseling (Don Schneider 78). The developmental methodology was normative (opinion-based) groupings, and no literature reveals subsequent statistical validation. Consequently, internal validity and reliability are considered unknown, and the system is unacceptable for adoption by the military.

Products of Ambulatory Care (PACs). This is a HCFA-funded study to develop an ambulatory care reimbursement scheme.

The candidate relevant characteristics examined include patient, visit, problem, staff, location. (a) Patient characteristics include health, demographics, utilization pattern, payer class, previous experience at location, and problems with social interactions, communication, or compliance. (b) Visit characteristics include type of visit, referral source, and disposition. (c) Problem characteristics include diagnoses, prior knowledge of problem, condition stability and duration, symptoms, complications, urgency, and patient distress/limitations. (d) Staff characteristics include type, experience, age, and facility relationship (partner, owner, employee). (e) Location characteristics include size, affiliations, scheduling, resources, quality control, and organizational efficacy as perceived by staff and by the patient.

In order to reduce the arbitrary effect of charges, resources consumed were measured by converting billed quantities using standard prices from civil service salary schedules, normal faculty surveys, and the 1984 survey of House

Staff Stipends, Benefits, and Funding. Ancillary prices came from a commercial fee schedule (New York Volumes 1-4).

The developmental methodology was to develop 24 PAC clusters representing isoresource consumption (Newald), assuming protocols were followed as developed by an expert physician panel (normative approach). Adequacy was tested for predicting resource consumption. After determining and eliminating dimensions that failed to explain a significant portion of variance of resource use, the resulting relevant characteristics were age, sex, diagnoses, provider type, newness to provider, ancillaries provided, and administration of drugs (New York Volume 4, p. 4).

Validation and field trial is now underway; Medicaid was scheduled to begin reimbursing by PAC in selected New York areas in April 1987, with Medicare to follow in January 1988 (Newald).

Although little detail has been provided, internal validity appears adequate based on the method used. The relevant characteristics may be objective, and the groups may be homogeneous. Resource objectivity is better than if billed charges had been used, but may be biased by the use of normative protocols.

Reliability of the system is hard to assess. The sample accuracy hinges on the accuracy of the resource consumption reported by commercial fee schedule and surveys; it is probably comparable to the AVG use of NAMCS. The sample size is adequate statistically. However, the sample heterogeneity suffers both from using very limited geographic regions (the Bronx and an upstate northeastern region of New York State), and by excluding emergency room visits, ambulatory surgery, mental health, and office-based physician visits. The adequacy of the statistical method is unclear; optimality is not addressed.

The applicability of the system to the military is moderate. Its

resource goal of total cost prediction suits the military needs more closely than AVG's goal of physician time prediction. The use of visits is an appropriate entity, although as with AVGs, nonphysician encounters are not included. The sample type suffers from not including free-standing clinics and office-based physicians, as well as the exclusion of surgical emergency, and mental health patients. The military normative practices may be far different from the expert protocols and two regions of New York on which the study is based. Finally, it is not clear that the system is comprehensive; even for those visits included in the sample, there may be a significant percentage of visits that do not fall within any PAC.

The acceptability of the system is on a par with AVGs. First, the study received HCFA approval and funding. While the New York system does not have the proven track record of the Yale group, it has been approved for field testing with Medicaid and Medicare much as the DRG system was first tested in New Jersey. Group homogeneity should be acceptable due to the expert physician normative input, and the relevant characteristics are essentially the same for data collection as AVGs (excepting drug administration, which would require a substantial modification to current data collection in the military, but only until the arrival of CHCS). The number of PACs is unclear, so their acceptability is uncertain.

Rand Study. This study was used in insurance to forecast claims (the measure of resource consumption). The relevant characteristics include type of care and diagnosis. The type of care is characterized as acute, well, chronic, or elective, with subclassifications such as "initial acute," repeat acute," "chronic flare-up," "unobtainable," and "not applicable." The diagnosis is actually a three-part construct: a primary diagnosis, a qualifier, and a secondary diagnosis (if applicable): for example, "influenza

rule-out pneumonia."

Although funded by DHHS, the focus of this study was on buying behavior under "moral hazard", and it is unclear whether resource consumption predictions have any applicability for routine ambulatory care in which neither deductibles nor premiums are involved. Also, because of the use of claims histories, all resource consumption measures in the study were charge- rather than cost-based.

Reason for Visit Schemes. This has been reported variously as the Reason for Visit Morbidity Scheme, the Reason for Visit Scheme, and the Reason for Visit Classification Scheme. This system is used in collecting the NAMCS database and is argued as a better predictor of resource consumption than diagnosis, since resource consumption decisions like laboratory tests and radiology must be made before a diagnosis is finalized (Don Schneider 78). It generally partitions into one of: symptom, disease, preventive, treatment, injury, test results, or administrative classes. Within the symptom class, groups are formed by organ system (McLemore 4).

Unlike the Patient Request Code system, the physician may state his perception of the reason for visit rather than restating the patient's perceived reason for visit. Like the Patient Request Code system, no published reports show statistical validation of the system as an adequate resource predictor, although the underlying concept is used in defining one of the relevant characteristics of the AVGs. The Yale AVG development proposal points out "It would therefore be illogical to build a reimbursement system in which the reimbursement rate were based on diagnosis alone, since the costs of the diagnostic evaluation are incurred before the diagnosis is known. Instead, reimbursement should be based on the patient's presenting problem defined in terms of data available at the time of presentation" (11).

Relative Value Systems. These systems use actual charge data to derive expected charges for given procedures. Versions include California Relative Value System (CRVS) and its derivative Relative Value Unit (RVU) which includes Florida as well as California data. Once the basis of physicians' fee schedules before they were declared anticompetitive by the courts, such schedules are now produced commercially by Relative Value Studies, Inc. of Denver, Colorado (Karen Schneider 27). As charge-based averages, they are suspect as measures of resource consumption; they represent established prices in a noncompetitive market, as well as normative judgments about relative worth (Altman & Socholitzky 124). Nevertheless, they partly underpin the estimates of physician time and ancillary costs used in the development of AVGs for the procedural AVGs, and are frequently used as cost surrogates in studies. They would not be a solution to military resource allocation as they do not address nonprocedural visits.

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This was extracted verbatim from Captain Richard L. Holmes' Master's thesis submitted to the faculty of Baylor University. Captain Holmes was in the U.S. Army Health Care Administration Program, a joint program of Baylor University and the Academy of Health Sciences, U.S. Army. This document is in the public domain.

APPENDIX B

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

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APPENDIX B

Ambulatory Care Data Base (ACDB) Extended Procedure Codes with Conversions to CPT-4

EXTCD	CPT-4	DESCRIPTION
00099	01800	ANESTHESIA (INTRAVENOUS/LOCAL REGIONAL)
02000	99155	HEALTH ED/COUNSEL, HEALTH PROMOTION
02001	99155	HEALTH ED/COUNSEL, HEARING CONSERVATION
02002	99155	HEALTH ED/COUNSEL, OH PROGRAM ORIENTATION
02003	99155	HEALTH ED/COUNSEL, RADIATION PROTECTION
02004	99155	HEALTH ED/COUNSEL, RESPIRATORY PROTECTION
02005	99155	HEALTH ED/COUNSEL, SUPERVISOR ORIENTATION
02006	99155	HEALTH ED/COUNSEL, TOXIC HAZARD
02007	99155	HEALTH ED/COUNSEL, VISION PROTECTION
02008	92551	HEARING CONSERVATION, REFERENCE AUDIOGRAM
02009	92551	HEARING CONSERVATION, 90-DAY AUDIOGRAM
02010	92551	HEARING CONSERVATION, FOLLOW-UP 15 HOURS
02011	92551	HEARING CONSERVATION, FOLLOW-UP 40 HOURS
02012	92551	HEARING CONSERVATION, NON-JOB RELATED AUDIOGRAM
02013	92551	HEARING CONSERVATION, TERMINATION AUDIOGRAM
02014	90030	HEARING CONSERVATION, OTOSCOPIC CHECK
02015	92551	HEARING CONSERVATION, PERIODIC AUDIOGRAM
02016	90010	RADIATION PROTECTION PROGRAM
02017	90010	RESPIRATORY PROTECTION PROGRAM
02018	90010	INJURY, MEDICAL TREATMENT
02019	90000	INJURY, FIRST AID
02069	90030	SPECTACLE PROCEDURE, NEW ORDER
02070	90030	SPECTACLE PROCEDURE, REORDER
02071	92370	SPECTACLE PROCEDURE, REPAIR/ADJUSTMENT/DISPENSING
02072	92390	TYPE SPECTACLES ORDERED, AIRCREW
02073	92390	TYPE SPECTACLES ORDERED, SAFETY
02074	92390	TYPE SPECTACLES ORDERED, GM INSERTS
02075	92390	TYPE SPECTACLES ORDERED, TINTED LENSES
02078	92391	TYPE CONTACT LENSES, SOFT LENSES
02079	92391	TYPE CONTACT LENSES, EW
02080	92391	TYPE CONTACT LENSES, HARD LENSES
02081	92391	TYPE CONTACT LENSES, GAS PERM
02082	92391	TYPE CONTACT LENSES, TORIC
02083	92391	TYPE CONTACT LENSES, OTHER
02105	90887	COLLATERAL CONTACT
02400	90841	THERAPY/COUNSELING, INDIVIDUAL, SOCIAL WORK
02401	90847	THERAPY, MARITAL/COUPLE, SOCIAL WORK
02402	90847	THERAPY, FAMILY, SOCIAL WORK
02403	90853	THERAPY/COUNSELING, GROUP, SOCIAL WORK
02404	90801	INTERVIEW, EVALUATION
02407	90150	VISIT, HOME
02409	90899	OTHER I, SW
02410	90899	OTHER II, SW
02411	90899	OTHER III, SW
02420	90887	COLLATERAL, FAMILY MEMBER (SW)
02421	90887	COLLATERAL, PHYSICIAN (SW)
02422	90887	COLLATERAL, NURSING (SW)

APPENDIX B, (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
02423	90887	COLLATERAL, PAD (SW)
02424	90887	COLLATERAL, VA (SW)
02425	90887	COLLATERAL, JAG (SW)
02426	90887	COLLATERAL, CIVILIAN AGENCY (SW)
02427	90887	COLLATERAL, OTHER MIL MED FACIL (SW)
02428	90887	COLLATERAL, ADAPCP (SW)
02429	90887	COLLATERAL, SCHOOL (SW)
02430	90887	COLLATERAL, UNIT (SW)
02431	90887	COLLATERAL, COURT APPEARANCE (SW)
02432	90887	COLLATERAL, OTHER I (SW)
02433	90887	COLLATERAL, OTHER II (SW)
02434	90887	COLLATERAL, OTHER III (SW)
02435	90899	INVESTIGATIVE PROCESS-FAP
02436	90847	INTERVENTION W/ONE FAMILY MEMBER OF IDENTIFIED PATIENT
02437	90847	INTERVENTION W/TWO FAMILY MEMBERS OF IDENTIFIED PATIENT
02438	90847	INTERVENTION W/THREE FAMILY MEMBERS OF INDENTIFIED PNT
02439	90847	INTERVENTION W/FOUR FAMILY MEMBERS OF IDENTIFIED PATIEN
02440	90887	COLLATERAL, ACS (SW)
02441	90887	COLLATERAL, LAW ENFORCEMENT (SW)
02442	90887	COLLATERAL, CHILD CARE FACILITY (SW)
02500	90841	ADVICE/HEALTH INSTRUCTION
02502	90801	ASSESSMENT, BEHAVIORAL
02505	90841	CRISIS INTERVENTION
02506	90889	DIAGNOSTIC FORMULATION
02507	90889	EVAL, REPORT COMPOSITE
02508	99199	HEALTH PROMOTION
02509	90801	INTERVIEW, PSYCHOLOGY
02510	90887	COORDINATION, MEDICAL
02511	90605	CONSULTATION, PATIENT
02512	90830	TESTING, ADMINISTRATION
02513	90830	TESTING, SCORING
02514	90830	TESTING, INTERPRETATION
02515	90841	THERAPY, INDIVIDUAL, PSYCHOLOGY
02516	90847	THERAPY, COUPLE/FAMILY, PSYCHOLOGY
02517	90853	THERAPY, GROUP, PSYCHOLOGY
02519	90830	EXAM EVAL, ARMA
02520	90841	EXAM EVAL, BEHAVIORAL MEDICINE
02521	99080	EXAM EVAL, CLEARANCE ADMIN
02522	99080	EXAM EVAL, CLEARANCE ENTRY
02523	90801	EXAM EVAL, CLEARANCE PRP
02524	90801	EXAM EVAL, CLEARANCE SECURITY
02526	90889	DISABILITY DETERMINATION
02527	90825	EVAL, DISABILITY REHABILITATION
02528	90889	EVAL, EDUCATIONAL
02529	90847	EVAL, FAMILY/MARITAL
02530	90889	EVAL, FORENSIC
02531	90825	EVAL, FUNCTIONAL SYMPTOMS

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
02532	90801	HISTORY
02533	90889	EVAL, MENTAL STATUS
02534	90841	EVAL, PRE/POST SURGICAL
02536	90630	TREATMENT RECOMMENDATION/OUTCOME
02537	90600	TRIAGE, PSYCHOLOGY
03000	90000	SCREENING NUTRITION ASSESSMENT
03001	90000	ANTHROPOMETRIC MEASUREMENTS
03002	90020	COMPREHENSIVE NUTRITION ASSESSMENT
03003	90000	SKIN FOLD CALIPER (AWCP)
03004	90050	REASSESSMENT, NUTRITION STATUS
03006	90040	NUTRITION FOLLOW-UP EVALUATION
03009	90020	NUTRITION EVALUATION, OTHER
03010	90292	DISCHARGE PLANNING
03011	90600	NUTRITION HISTORY CONSULTATION
03012	90010	NONSTANDARD DIET CALCULATION
03014	90000	NUTRIENT INTAKE ANALYSIS-LIMITED
03016	99156	PATIENT RELATED TEAM CONFERENCE
03019	90699	NUTRITION PROCEDURE, OTHER
03020	99078	NUTR CARE ED, NUTRITION THRU LIFE SPAN
03021	99156	NUTR CARE ED, MOD-CONSISTENCY
03022	99078	NUTR CARE ED, MOD-OVERWEIGHT
03023	99078	NUTR CARE ED, MOD-DIABETES/REACTIVE HYP
03024	99156	NUTR CARE ED, MOD-DISEASE OF GI TRACT
03025	99078	NUTR CARE ED, MOD-HYPERLIPIDEMIA/HYPERLIPOPROTEINEMIA
03026	99156	NUTR CARE ED, MOD-SODIUM
03027	99156	NUTR CARE ED, MOD-PROTEIN
03028	99156	NUTR CARE ED, MOD-RENAL
03029	99156	NUTR CARE ED, MOD-DIAGNOSTIC PROCEDURES
03030	99156	NUTR CARE ED, MOD-PEDS/ADOLESCENT DISEASES
03031	99156	NUTR CARE ED, MOD-VEGETARIANISM
03032	99078	NUTR CARE ED, MOD-PHYSIOLOGICAL STRESS
03033	99156	NUTR CARE ED, MOD-UNDERWEIGHT
03034	99078	NUTR CARE ED, MOD-ATHLETIC TRAINING
03035	99156	NUTR CARE ED, MOD-OTHER MINERAL
03036	99156	NUTR CARE ED, MOD-ALLERGY
03037	99078	NUTR CARE ED, MOD-OVERWEIGHT (AWCP)
03038	90215	EVAL, PARENTERAL/ENTERAL NUTRITION
03039	99156	NUTR CARE ED, OTHER
03040	99078	NUTR CARE ED, FITNESS/WELLNESS
03049	99156	COUNSELING, NUTRITION (CHN)
04000	97700	EVAL, SELF ADL
04001	97700	EVAL, SELF CARE
04002	97700	EVAL, HOME/WORK/SCHOOL
04003	97700	EVAL, PLAY/LEISURE ABILITY
04004	95882	EVAL, SOCIAL/COMMO SKILLS
04005	95882	EVAL, PSYCHOLOGICAL SKILLS
04005	95882	EVAL, COGNITIVE FUNCTION

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
04011	95851	EVAL, RANGE OF MOTION, NEUROMUSCULAR STATUS
04012	97720	EVAL, DEXTERITY
04013	93890	EVAL, VASCULAR STATUS
04014	97720	EVAL, STRENGTH
04015	97720	EVAL, COORDINATION, NEUROMUSCULAR
G4016	97720	EVAL, ENDURANCE, NEUROMUSCULAR
04017	90030	EVAL, SENSATION, NEUROMUSCULAR
04018	97720	EVAL, TONE, MOVEMENT & CONTROL
04019	97720	EVAL, INTEGRATION OF REFLEXES
04020	97720	EVAL, SENSORY MOTOR DEVELOPMENT/REFLEXES
04021	97720	EVAL, MUSCULOSKELETAL SCREENING
04022	95831	MSE, CERVICAL
04023	95831	MSE, THORACIC
04024	95831	MSE, LS
04025	95831	MSE, SHOULDER
04026	95831	MSE, ELBOW
04027	95832	MSE, WRIST/HAND
04028	95831	MSE, HIP
04029	95831	MSE, KNEE
04030	95831	MSE, ANKLE
04031	95831	MSE, FOOT
04032	95831	MSE, PROX UE
04033	95832	MSE, DISTAL UE
04034	95831	MSE, PROX LE
04035	95831	MSE, DISTAL LE
04050	97799	EVAL, OTHER, OT
04051	95882	EVAL, PERCEPTUAL STATUS
04052	90774	EVAL, DEVELOPMENTAL STATUS
04053	97700	PROSTHETIC CHECKOUT
04061	97540	SELF CARE, ADL/OCC PERF
04062	97540	PRE-VOC ASSESSMENT TRAINING, ADL/OCC PERF
04063	97540	HOME/WORK/SCHOOL SKILL, ADL/OCC PERF
04064	97540	PLAY/LEISURE ABILITY, ADL/OCC PERF
04071	97540	AWARENESS OF SELF, SOC COMMO SKILLS
04072	97540	COPING BEHAVIOR/ADAPTATION, SOC COMMO SKILLS
04073	97540	LISTENING SKILLS, SOC COMMO SKILLS
04074	97540	RESUMPTION OF ROLES, SOC COMMO SKILLS
04075	97540	SELF CONTROL, SOC COMMO SKILLS
04076	97540	SELF ESTEEM, SOC COMMO SKILLS
04077	97540	SELF EXPRESSION, SOC COMMO SKILLS
04078	97540	SELF IDENTITY, SOC COMMO SKILLS
04079	97540	SENSITIVITY TO OTHERS
04081	97540	ORIENTATION, COG FUNC
04082	97540	SEQUENCING, COG FUNC
04083	97540	COMPREHENSION, COG FUNC
04084	97540	CONCEPTUALIZATION, COG FUNC
04085	97540	VISUAL MOTOR PERCEPTION TRAINING, COG FUNC

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
04086	97540	PROBLEM SOLVING ABILITY, COG FUNC
04087	97540	VISUAL/AUDITORY MEMORY, COG FUNC
04091	97530	DEXTERITY, PHYS FUNC
04092	97530	GROSS/FINE MOTOR COORDINATION, PHYS FUNC
04093	90040	EDEMA CONTROL, PHYS FUNC
04094	97530	RANGE OF MOTION, PHYS FUNC
04095	97530	STRENGTH, PHYS FUNC
04096	97530	ENDURANCE, PHYS FUNC
04097	97112	SENSATION, PHYS FUNC
04098	97112	INTEGRATE APPROP REFLEXES, PHYS FUNC
04099	97112	DEVELOP NORMAL TONE, MOVEMENT, CONTROL, PHYS FUNC
04100	97114	PROMOTE ADAPTIVE RESPONSES, PHYS FUNC
04101	97112	JOINT PROTECTION TECHNIQUES, PHYS FUNC
04102	97500	ORTHOTIC FABRICATION/TRAINING, PHYS FUNC
04103	97520	PROSTHETIC TRAINING, PHYS FUNC
04104	97112	PAIN REDUCTION, PHYS FUNC
04105	97112	SENSORIMOTOR DEVELOPMENT, PHYS FUNC
04121	97540	WORK SIMPLIFICATION/ENERGY CONSERVATION
04122	97530	INFANT STIMULATION
04123	97540	BURN PROTOCOL
04125	99078	STRESS MANAGEMENT
04126	97540	THERAPY, WORK
04127	90040	WOUND MANAGEMENT
04128	99078	THERAPY, GROUP, (OT)
04129	97530	PHYSICAL TRAINING/RECONDITIONING
04130	97799	OTHER PROCEDURE (OT)
04131	99155	ED/CONSULT, SIG OTHER
04132	90040	REEVALUATION (OT)
04133	99155	ORAL-MOTOR FACILITATION
04135	99155	CO-THERAPY TEACHING, SIG OTHER (PEDS ONLY)
04136	99155	COMPENSATORY & ORG WORK STUDY SKILLS
04138	99155	CARDIAC RISK FACTOR INSTRUCTIONS
06000	90010	EVAL, GEN, BURNS
06001	90000	EVAL, SPORTS MED
06002	90050	EVAL, AMPUTEE
06003	90040	EVAL, HAND
06004	90010	SCOLIOSIS CLINIC/SCREENING
06005	97700	GAIT/RUNNING ANALYSIS
06006	97700	EVAL, ASSISTIVE DEVICE
06011	97010	ICE
06013	97118	MEDCOLATOR
06014	97128	MEDCOSONOLATOR
06015	97012	TRACTION
06017	97014	TENS
06018	97018	PARAFFIN BATH
06019	97022	WHIRLPOOL
06021	97124	MASSAGE

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
06022	97126	CONTRAST BATH
06023	97110	THERAPEUTIC EXERCISE
06024	97112	NEUROMUSCULAR RE-EDUCATION
06025	97114	FUNCTIONAL ACTIVITIES TRAINING
06026	97116	GAIT TRAINING
06027	97260	THERAPY, MANUAL
06028	97016	JOBST PUMP
06029	97110	TILT TABLE
06030	90060	BURN CARE
06031	97139	FLUIDTHERAPY
06032	90050	REHABILITATION, CARDIAC
06033	97500	SPLINT FABRICATION
06034	99155	PATIENT EDUCATION (PT)
06035	97240	THERAPY, POOL
06037	97110	PRE OP EXCERCISE TRNG, MASTECTOMY
06038	97110	PRE OP EXCERCISE TRNG, CHEST
06039	97110	PRE OP EXCERCISE TRNG, KNEE
06040	97110	PRE OP EXCERCISE TRNG, HIP
06041	97110	PRE OP EXCERCISE TRNG, FOOT AND ANKLE
06042	97110	PRE OP EXCERCISE TRNG, SHOULDER
06043	97110	PRE OP EXCERCISE TRNG, OTHER
06044	97110	PRE AND POST PARTUM EXERCISE TRNG
06045	97118	FACILITATION/INHIBITION TECHS
06046	94667	POSTURAL DRAINAGE/CHEST
06047	97139	OTHER PROCEDURE (PT)
06048	97012	TRACTION AND HOT PACK (PT)
06049	97014	TENS AND HOT PACK (PT)
06050	97128	ICE AND ULTRASOUND (PT)
06051	97110	ICE AND EXERCISE (PT)
06052	99078	BACK CLASS (PT)
06054	99078	ANKLE CLASS (PT)
06057	99078	DIABETIC CLASS (PT)
06058	97128	HOT PACK AND ULTRASOUND (PT)
06059	97118	MEDCOLATOR AND ICE (PT)
06060	97118	MEDCOLATOR AND HOT PACK (PT)
06061	97010	ICE AND ELEVATION (PT)
06062	97014	TENS AND ICE (PT)
06063	97530	POST OP KNEE REHAB (PT)
06064	97530	POST OP MASTECTOMY REHAB (PT)
06065	97530	POST OP GENERAL REHAB (PT)
06066	97118	ULTRASOUND, ICE AND EXERCISE (PT)
06067	97128	ULTRASOUND, HOT PACK & EXERCISE (PT)
06068	97128	ULTRASND, HOT PACK & INTER CERV TRAC (PT)
06070	97016	JOBST, ICE & ELEVATION (PT)
06071	97128	ICE & MEDCOSONOLATOR (PT)
06072	97124	ICE & MANUAL THERAPY (PT)
06073	97128	ICE, ULTRASOUND & MANUAL THERAPY (PT)

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
06074	97128	ICE, MEDCOSONOLATOR & MANUAL THERAPY (PT)
06075	97124	HOT PACK & MANUAL THERAPY (PT)
06076	97128	HOT PACK, MEDCOSONOLATOR & MAN THER (PT)
06077	97128	HOT PACK & MEDCOSONOLATOR (PT)
06078	97022	WHIRL POOL, BURN/WOUND CARE (PT)
06080	97520	EXERCISE & GAIT/PROSTHETIC TRNG (PT)
06081	97118	HIGH VOLTAGE STIMULATION (PT)
06082	97118	ELECTRICAL STIMULATION & EXERCISE (PT)
07000	87210	EXAM MICROSCOPIC (ARTHROPOD)
07001	83052	SCREENING, SICKLE CELL
07002	86171	SCREENING, RUBELLA
07003	90753	EXAM, PHYSICAL, (CHN)
07004	90774	DEVELOPMENTAL SERVICES
07005	90115	EVALUATION, HOME
07006	90000	ASSESSMENT, HEALTH NEEDS
07007	90060	WIC PROGRAM
07008	90060	COMPLEX PATIENT COORDINATION
07009	90160	OSTOMY CARE
07010	99155	COUNSELING, BREAST FEEDING
07011	99078	COUNSELING, HEALTH FITNESS
07012	97540	COUNSELING, ADL
07013	99155	COUNSELING, POST PARTUM
07014	99078	COUNSELING, PRENATAL
07015	99155	COUNSELING, NEWBORN
07016	99155	COUNSELING, PREMATURE INFANT
07017	99155	COUNSELING, FAMILY PLANNING
07018	99155	COUNSELING, DISEASE SPECIFIC
07019	99078	COUNSELING, INFECTIOUS DISEASE PREVENTION
07020	99155	COUNSELING, FOREIGN TRAVEL
07021	90752	PRE-SCHOOL SERVICES
07030	99078	CLINIC, SMOKING
07035	99078	CLINIC, STD
07040	99078	CLINIC, WELL CHILD
07050	99078	CLINIC, WELL BABY
07055	99078	CLINIC, TB
07060	90760	INH MONITORING
07070	99155	INTERVIEW, STD CONTACT
07091	99155	INTERVIEW, COMM DIS CASE
07092	99155	INTERVIEW, COMM DIS CONTACT
07093	99155	INTERVIEW, EPI OTHER
10004	10000	I&D, CYST
10062	26011	I&D, FELON
10165	10160	BLISTER CARE, PUNCTURE, DEBRIDE, DISINFECT, & OBSERVATION
10181	10180	I&D, WOUND
11005	11040	DEBRIDEMENT, ULCER/ABSCESS
11044	11042	DEBRIDEMENT, SKIN, SUBCUTANEOUS TISSUE
11102	11100	BIOPSY, PUNCH

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
11103	11100	BIOPSY, SHAVE
11104	11100	BIOPSY, INCISIONAL
11205	11200	EXCISION, LIPOMA
11407	11406	SCAR EXCISION/REVISION
11410	11401	EXCISION, CYST
11411	11401	EXCISION, LESION, BENIGN, TRUNK/EXTREMITY < 1.0 CM
11412	11403	EXCISION, LESION, BENIGN, TRUNK/EXTREMITY > 2.0 CM
11429	11406	EXCISION, NEOPLASM, LARGE
11431	11421	EXCISION, LESION, SCALP, NECK, HANDS < 1.0 CM
11432	11423	EXCISION, LESION, SCALP, NECK, HANDS > 2.0 CM
11447	11441	EXCISION, LESION, FACE, LIDS, EARS, NOSE < 1.0 CM
11448	11443	EXCISION, LESION, FACE, LIDS, EARS, NOSE > 2.0 CM
11449	11443	EXCISION, LESION, BENIGN, NOS (ENT)
11611	11601	EXCISION, LESION, MALIGNANT, TRUNK/EXTREMITY < 1.0 CM
11612	11603	EXCISION, LESION, MALIGNANT, TRUNK/EXTREMITY > 2.0-CM
11631	11621	EXCISION, LESION, MALIGNANT, SCALP, NECK, HANDS < 1.0 C
11632	11623	EXCISION, LESION, MALIGNANT, SCALP, NECK, HANDS > 2.0 C
11651	11641	EXCISION, LESION, MAL, FACE, LIDS, EARS, NOSE < 1.0 CM
11652	11643	EXCISION, LESION, MAL, FACE, LIDS, EARS, NOSE > 2.0 CM
11751	11740	BIOPSY, NAIL
11752	11750	EXCISION, NAIL, MEDIAL BORDER
11753	11750	EXCISION, NAIL, LATERAL BORDER
11902	11900	INJEC, INTRALESIONAL, CORTICOSTEROID
11903	11900	INJEC, INTRALESIONAL, ANTIMETABOLITE
11998	77261	GRENZ/SUP X-RAY
12003	12001	WOUND REPAIR & SIMPLE DRSG
12008	12002	WOUND CARE, LOCAL
12009	12011	SUTURE, EAR
12010	12011	REPAIR, LACERATION, EYELID
13149	13150	REPAIR, LACERATION, FULL THICKNESS
13164	13160	SECONDARY CLOSURE, (DPC), SURGICAL WOUND
13165	12020	SECONDARY CLOSURE, NONSURGICAL WOUND
15040	15100	GRAFT, SKIN
15777	15240	AUTOGRAFTS (NOT HAIR)
15786	15782	DERMABRASION, TATTOO
15792	15791	ACID TREATMENT
15793	15791	CHEMICAL PEEL
15827	15839	SCALP REDUCTION
15830	15240	RESTORATION, EYEBROW
17111	17110	DESTRUCTION OF WARTS W/CANTHRONE
17112	17110	DESTRUCTION OF WARTS W/PODOPHYLLUM
17203	11641	ELECTROSURGERY, BASAL CELL EXCISION
17210	17200	ELECTROCOAGULATION/DESTRUCTION
17308	17307	CHEMOSURGERY, STAGE V
17381	11401	LASER THERAPY, EXCISION
17382	17100	LASER THERAPY, VASCULAR
17383	17110	LASER THERAPY, VERRUCA

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
17385	17000	LASER THERAPY, OTHER
19121	19120	EXCISION, CYST, BREAST, FIBROADENOMA (OTHER BENIGN)
19122	19120	EXCISION, CYST, BREAST, BENIGN
19369	19371	MAMMARY CAPSULOTOMY (CLOSED)
20221	20225	BIOPSY, LEG THRU TIBIA & FIBULA
20551	90782	INJEC, SOFT TISSUE
20555	97118	TRIGGER POINT STIMULATION
20601	20610	ASPIRATION, JOINT (ARTHOCENTESIS)
20602	20610	INJEC, INTRA-ARTICULAR
20664	20665	HALO ADJUSTMENT
20685	20650	OTHER ORTHOSIS APPLICATION/ADJUSTMENT
27195	97260	MANIPULATION, PELVIS
27197	97260	MANIPULATION, SPINE
27199	97260	MANIPULATION, NOT SPINE/PELVIS
28301	28119	RETROCALCANEAL EXOSTOSECTOMY
28303	28300	OSTEOTOMY
28450	28455	TTT, FX, TARSAL, CLOSED
28517	28515	TTT, FX, TOE
28650	27762	FRACTURE MANIPULATION AND IMMOBILIZATION, NOS
29001	29799	CAST APPLICATION
29100	29799	SPLINT APPLICATION
29456	29450	CAST APPLICATION, POST AMPUTATION
29501	99070	POST OP SHOE
29502	29515	POSTERIOR SPLINT, FOOT & ANKLE
29503	29515	SLIPPER CAST
29790	90040	PLASTER FOOT IMPRESSION
29800	29425	CAST, REMOVAL/REPAIR, REAPPLICATION
29801	29425	CAST, PRIMARY APPLICATION
29802	29425	CAST, SECONDARY OR TERTIARY APPLICATION
30010	89100	LEVIN TUBE
30121	30120	ELECTROSURGERY, RHINOPHYMA MALIGNANT
30940	92511	ANTROSCOPY, NASAL
31501	31500	ENDOTRACHEAL INTUBATION, NASAL
31545	31540	LARYNGOSCOPY, DIRECT, OPERATIVE W/LASER
31654	31659	BRONCHOSCOPY DIAG W/BRONCHOALVEOLAR LAVAGE
31658	31659	BRONCHOSCOPY DIAG W/NEEDLE ASP,CARINAL/PARATRACHEAL NOD
32001	32000	THORACENTESIS, THERAPEUTIC W/DRAINAGE
36432	36430	TRANSFUSION, RBC
36433	36430	TRANSFUSION, IMMUNOGLOBULIN
36434	36430	TRANSFUSION, PLATELETS
36435	36430	TRANSFUSION, FACTOR REPLACEMENT
36436	36440	TRANSFUSION, BLOOD, PEDIATRICS
36481	36480	CATHETER PLACEMENT, SUBCLAVIAN
36801	36800	VASCULAR ACCESS PLACEMENT,CHRONIC PEDIATRIC HEMODIALYSI
42822	42821	TONSILLECTOMY & ADENOIDECTOMY (T&A)
42832	42831	ADENOIDECTOMY, PRIMARY
43261	43260	DUODENOSCOPY W/CONTRAST INJEC,BOTH PANCREATIC,BILE DUCT

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
43265	43268	DUODENOSCOPY W/CANNULATION OF AMPULLA OF VATER
43452	43450	ESOPHAGEAL DILATION W/MERCURY WEIGHTED BOUGIE(S)
45373	45370	COLONOSCOPY,BEYOND 25CM,BELOW SPLEN FLEX W/POLYPECTOMY,
45387	45385	COLONOSCOPY,BEYOND SPLENIC FLEXURE W/POLYPECTOMY,MULTIP
45989	90030	EXAM, DIGITAL OF RECTUM
49304	49301	LAPAROSCOPY W/LIVER BIOPSY
50701	50951	URETERAL DILATATION
51721	51700	DMSO BLADDER INSTALLATIONS
51794	52000	CYSTOSCOPY
52004	52005	CYSTOURETHROSCOPY, URETERAL CATHETERIZATION (UNILAT)
53680	53670	FOLEY CATHETER CARE
54500	54505	BIOPSY, TESTIS (OPEN)
58340	74741	HYSTEROSALPINGOGRAM
53993	89300	POST COITAL TEST
59001	59000	AMNIOCENTESIS, GENETIC
59002	59000	AMNIOCENTESIS, PULMONARY MATURITY
59040	59420	EXTERNAL CEPHALIC VERSION
59423	80055	ANTEPARTUM TESTING, BIOPHYSICAL PROFILE
59450	59420	LABOR CHECK
62275	62279	DIFFERENTIAL EPIDURAL
62281	62280	PHENOL BLOCK
62283	62282	NEUROLYTIC LUMBAR SYMPATHETIC
64444	64442	INJEC, LUMBAR FACET
64451	64450	POST TIB NERVE BLK
64452	64450	ANKLE NERVE BLOCK
64453	64450	WRIST NERVE BLOCK
64454	64450	DIGITAL NERVE BLOCK
64460	64680	NEUROLYTIC CELIAC
64461	64640	PERIPHERAL NEUROLYTIC
64485	62278	EPIDURAL CATHETER PLACEMENT
64512	64450	SYMPATHETIC BIER BLOCK
65223	65222	CORNEAL STAIN
65224	65205	FOREIGN BODY REMOVAL (EYE)
65780	90030	KERATOMETRY
66683	66720	CILIARY BODY CRYOTHERAPY
66763	66762	PHOTOCOAGULATION, ANTERIOR SEGMENT
67105	67226	PHOTOCOAGULATION, RETINA
67851	67850	DESTRUCTION, LID LESION
68111	68135	REMOVAL OF LESION OF CONJUNCTIVA
69212	69210	IRRIGATION, EAR
69600	13152	REVISION, PREVIOUS SURGERY, EAR
71031	90030	INTERPRETATION, CHEST-X-RAY (2VIEWS)
71251	90040	INTERPRETATION OF CHEST CT
74416	74415	FLAT TOMOGRAM, KIDNEY, PLAIN
74427	74426	ANTEGRADE URETHROGRAM
74428	74426	ANTEGRADE NEPHROSTOGRAM
74452	74451	PERICATHETER URETHROGRAM

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
74453	74451	RETROGRADE URETHROGRAM
74482	74000	KUB
76105	76100	INTERPRETATN,TOMOGRAPHY,SING,PLANE,BODY,SECTION,NOT KID
76516	76511	ULTRASONOGRAPHY, A-SCAN
76517	76512	ULTRASONOGRAPHY, B-SCAN
78405	78499	MUGA, INTERPRETATION ONLY
78589	90040	INTERPRETATION, VENTILATION/PERFUSION SCAN
78598	90040	INTERPRETATION, GALLIUM SCANS
81001	81002	URINALYSIS (DIP STICK)
82999	82996	GONADOTROPIN REDUCTION TEST
84998	82383	CLONIDINE SUPPRESSION TEST
86402	95030	PRECIPITIN DETERMINATION
86456	86455	ANERGY, SCREEN RESULT, READING
86581	86585	TB TEST, TINE (ADMIN)
86582	90030	TB TEST (READ)
87073	87070	CULTURE, CERVIX
87074	87070	CULTURE, URETHRA
87204	87205	VAGINAL SMEAR
87215	87210	WET MOUNT (FOR OVA, PARASITES, BACTERIA FUNGI) AND KOH
87989	87207	TZANCK STAIN
89101	89105	DUODENAL ENTUBATION & ASPIRATION, SECRETIN TEST
89191	88161	NASAL CYTOLOGY
89321	87070	EXPRESSED PROSTATIC SECRETION
90002	90030	SUTURE REMOVAL
90006	90050	EXAM, COMPLAINT SPECIFIC F/U
90007	90000	ACE BANDAGE APPLICATION
90008	90015	EVALUATION, INITIAL
90009	90010	EXAM, COMPLAINT SPECIFIC MED.
90011	90040	DRESSING CHANGE
90012	90017	HISTORY/EXAM INITIAL OB
90013	90000	EXAM, BREAST
90014	92551	SCREENING HEARING
90016	90010	EXAM, EYE, LIMITED
90018	90015	OBSERVATION & EXAMINATION
90019	90040	EXAM, RETURN TO WORK
90021	99155	DIABETIC TEACHING (EXTENDED SERVICES)
90024	90015	EXAM, GENERAL MEDICAL
90025	90015	EXAM, PELVIC/PAP SMEAR
90026	90010	EXAM, PHYSICAL, PARTIAL, OB-GYN
90027	90017	EXAM, PHYSICAL, COMPLETE, OB-GYN
90028	90015	EXAM, PHYSICAL MED
90029	90000	EXAM, SCREENING MEDICAL
90031	90030	MEDICATIONS ADJUSTMENT
90032	90010	EXAM, PELVIC
90033	90000	HISTORY, NO EXAM
90034	90010	EXAM, GENERAL MEDICAL, PARTIAL
90042	92557	EXAM, HEARING

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
90043	90010	EXAM, VISION
90055	90060	FOLLOW-UP EVALUATION
90061	90000	DIABETIC ROUTINE FOOT CARE
90081	90750	EXAM, FLIGHT 1/1A
90083	90750	EXAM, FLIGHT, CLASS 2 AND 3 TYPE B
90084	90760	EXAM, FLIGHT, INTERIM, CLASS 2 AND 3/FAA 3
90085	90750	EXAM, PHYSICAL, MILITARY (INCL RETIREMENT)
90201	92002	LOW VISION, EVALUATION
90202	92012	LOW VISION, FOLLOW UP, EVALUATION
90203	92392	LOW VISION, CONSULTATION/DISPENSING
90601	99014	TELEPHONE CONSULT (DOCUMENTED)
90635	90010	EVAL, PRETREATMENT, PATIENT
90650	90600	CONSULTATION, LIMITED
90652	90630	CONSULTATION, EXTENSIVE
90655	90605	CONSULTATION, DERM PATH
90698	90799	INJEC, OTHER (IM/IV)
90700	99080	SHOT RECORD REVIEW
90710	90724	IMM, SMALL POX
90711	90724	IMM, HEMOPHILUS INFLUENZA B
90720	90749	IMMUNIZATIONS
90721	90724	IMM, SMALLPOX
90722	90799	UNLISTED THERAPEUTIC INJECTION
90723	90724	IMM, ADENOVIRUS
90743	90742	IMMUNE SERUM GLOBULIN (ISG), HEP B
90744	90742	IMMUNE SERUM GLOBULIN (ISG), HEP HUMAN RABIES
90745	90782	INJECTION/OBSERVATION
90746	90742	IMMUNE SERUM GLOBULIN (ISG), HEP TETANUS
90747	90742	IMMUNE SERUM GLOBULIN (ISG), HEP VARICELLA ZOSTER
90765	90020	EFMP ASSESSMENT
90766	90015	EFMP EVALUATION
90767	90060	EFMP THERAPY
90768	99080	EFMP CODING
90769	90782	ADMIN OF HCG-TESTOSTERONE
90770	36000	IV ADMIN, DIAGNOSTIC MATERIALS
90771	62288	INJEC, INTRATHECAL STEROID
90772	90782	INJEC, CELESTONE
90780	90782	INJEC, ANES & STEROID
90783	90782	INJEC, INTRAMUSCULAR, CORTICOSTEROID
90785	90782	INJEC, DESFERAL
90786	90784	INJEC, IMFERON
90787	90784	INJEC, MORPHINE
90789	90782	INJEC, ARISTOCORT
90790	96500	CHEMOTHERAPY
90791	90782	INJEC, DEPO-TESTOSTERONE (100 MG)
90792	90782	INJEC, DELATESTRYL
90793	90782	INJEC, KENALOG
90794	90782	INJEC, MARCAINE

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
90795	90782	INJEC, VITAMIN B12
90796	90782	INJEC, XYLOCAINE
90797	90784	INJEC, AMPHOTERICIN
90802	90825	EVAL, ADMIN, PSYCHIATRIC
90848	90847	THERAPY, MARITAL/COUPLE, PSYCHIATRIC
90849	90853	THERAPY, GROUP, PSYCHIATRIC
90931	90050	MEDICATIONS ADJUSTMENT
90960	90957	HEMODIALYSIS, CHRONIC, PEDIATRIC, UNCOMPLICATED
90961	90957	HEMODIALYSIS, CHRONIC, PEDIATRIC, COMPLICATED
90962	90955	HEMODIALYSIS, CHRONIC, UNCOMPLICATED
90963	90955	HEMODIALYSIS, CHRONIC, COMPLICATED
90966	49080	PERITONEAL LAVAGE
90970	90982	PERITONEAL DIALYSIS, CHRONIC, INTERMITTANT, COMPLICATED
90971	90982	PERITONEAL DIALYSIS, CHRONIC, INTERMITTANT, UNCOMPLICAT
90972	90984	PERITONEAL DIALYSIS, CHRONIC, PEDIATRIC, COMPLICATED
90973	90984	PERITONEAL DIALYSIS, CHRONIC, PEDIATRIC, UNCOMPLICATED
90974	90994	PERITONEAL DIALYSIS, CONTINUOUS, AMBULATORY
90975	90994	PERITONEAL DIALYSIS, CONTINUOUS, CYCLING
90995	90990	TECHNIQUE EVALUATION, DIALYSIS
91012	91010	ESOPHAGEAL MOTILITY STUDY
91053	91052	GASTRIC ANALYSIS W/SHAM FEEDING
92001	92002	EXAM, EYE, TRIAGE
92003	90010	EXAM, VISUAL ACUITY
92005	90000	IRRIGATION, EYE
92061	92280	POTENTIAL ACUITY METER
92066	92065	BINOCULAR VISION TRAINING, FOLLOW-UP
92067	92065	BINOCULAR VISION TRAINING, SESSION
92085	92083	PERIMETRY, AUTOMATED
92086	92081	PERIMETRY, TANGENT SCREEN
92227	92225	BIOMICROSCOPY (SLIT LAMP)
92231	92225	OPTHALMOSCOPY, INDIRECT
92276	92002	EVALUATION, LASER (OCCUPATIONAL VISION)
92277	92002	EVALUATION, MICROWAVE (OCCUPATIONAL VISION)
92278	92002	EVALUATION, DEPTH PERCEPTION
92281	92002	EXAM SAFETY SPECTACLE (OCCUPATIONAL VISION)
92282	92002	CONTRAST SENSITIVITY
92283	92002	COLOR VISION EXAMINATION
92289	92004	EXAM, OPTOMETRY FLIGHT CLASS I
92290	92004	EXAM, OPTOMETRY FLIGHT CLASS II
92291	92004	EXAM, OPTOMETRY FLIGHT CLASS III
92292	92004	EXAM, OPTOMETRY FLIGHT CLASS ATC/WO
92319	92310	CONTACT LENS, HARD/GAS PERMEABLE (EVAL, FIT, OR DISPENS
92320	92310	CONTACT LENS, MANDATORY (EVAL, FIT OR DISPENSE)
92343	92340	EVAL, EYEWARE
92375	92341	SPECTACLE PROCEDURE (FIT, ORDER, ADJUST)
92380	92340	VISION CONSERVATION, ISSUE PLANO
92489	92391	CONTACT LENS, VERIFICATION

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
92491	90030	LENSOMETRY
92492	92310	CONTACT LENS, EVALUATION FOR
92493	92310	CONTACT LENS, FOLLOW-UP
92494	92310	CONTACT LENS, FITTING
92495	92310	CONTACT LENS, REFITTING
92496	92391	CONTACT LENS, DISPENSING
92497	92002	REFRACTION, MANUAL
92498	92002	REFRACTION, AUTOMATED
92505	92506	EVAL, MEDICAL, SPEECH, LANGUAGE OR HEARING (CHILD)
92509	92507	INDIVIDUAL SPEECH THERAPY (CHILD)
92510	92508	GROUP THERAPY, SPEECH (CHILD)
92513	92511	RHINOSCOPY
92548	92543	EVAL, OTONEUROLOGICAL, FOR VERTIGO
92558	92557	AUDIOLOGY TEST BATTERY/IMMITTANCE TEST BATTERY
92593	92591	CONSULTATION, HEARING AID (BINAURAL)
92597	92557	HEARING EVALUATION PEDIATRIC
92598	92590	EARMOLD
92601	99070	SPEECH COMMUNICATION DEVICE PROVIDED
92602	92590	HEARING AID ISSUE
92603	92590	HEARING AID ORIENTATION
92604	92592	HEARING AID REPAIR
92605	92507	AURAL REHABILITATION
92606	99070	SPEECH MATERIALS PROVIDED
92607	92556	WORD RECOGNITION SCORES
92608	92589	SUPRA THRESHOLD ADAPTATION TEST
92609	92589	PERFORMANCE INTENSITY FUNCTION
92610	99155	COUNSELING, HEARING CONSERVATION
92611	99155	COUNSELING, SPEECH
92612	90030	HEARING, ISSUE/FIT PROTECTION DEVICE
92613	92592	CALIBRATION, HEARING AID
93012	93014	RHYTHM STRIP ANALYSIS
93016	93015	STRESS TEST, BICYCLE
93321	93320	ECHO, M-MODE, DOPPLER, INTERPRETATION ONLY
93786	90030	BLOOD PRESSURE CHECK
93871	93870	DUPLEX SCANNING
93872	93870	ARTERIOGRAPHY, TRANSCUTANEOUS ULTRASONIC
93891	90030	BILAT ARM BP MEASUREMENTS
93911	93910	SEG PRESSURE MEASUREMENTS
93912	93910	ANKLE PRESSURE MEASUREMENTS
94020	90040	INTERPRETATION OF ROUTINE PULMONARY FUNCTION STUDIES
94061	94060	SPIROMETRY, AFTER EXERCISE
94401	94450	OXYGEN STIMULATION TESTS
94691	95827	SLEEP STUDIES
95004	95001	PRICK TEST TO 60
95010	95002	SKIN TEST, FOOD, PRICK
95012	95006	SKIN TEST, DRUG, PRICK
95015	95022	INTRADERMAL TEST SKIN TEST TO 30

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
95024	95001	SKIN TEST, INHALANTS, PRICK
95035	95021	SKIN TEST, INHALANTS, INTRADERMAL
95072	94070	BRONCHIAL CHALLENGE, WATER
95073	94070	BRONCHIAL CHALLENGE, SULFITE
95074	94070	BRONCHIAL CHALLENGE, HISTAMINE
95090	95006	SKIN TEST, HYMENOPTERA VENOMS, PRICK
95091	95018	SKIN TEST, HYMENOPTERA VENOMS, INTRADERMAL
95092	95016	SKIN TEST, DRUGS, INTRADERMAL
95093	95006	SKIN TEST, FIREANT, WBE, PRICK
95094	95016	SKIN TEST, FIREANT, WBE, INTRADERMAL
95122	95131	IMMUNIZATION, ALLERGY, TWO INJECTIONS
95123	95132	IMMUNIZATION, ALLERGY, THREE INJECTIONS
95124	95133	IMMUNIZATION, ALLERGY, FOUR INJECTIONS
95181	95180	DENSENSITIZATION PROC, INSULIN
95182	95180	DENSENSITIZATION PROC, PENICILLIN
95183	95180	DENSENSITIZATION PROC, MISC
95200	95078	PUC, MECHOLYL SKIN TEST
95201	95078	PUC, HOT WATER IMMERSION TEST
95202	95078	PUC, EXERCISE CHALLENGE FOR CHOLINERGIC URTICARIA
95203	95078	PUC, ICE CUBE TEST
95204	95078	PUC, PRESSURE TEST IMMEDIATE
95205	95078	PUC, PRESSURE URTICARIA DELAYED TEST
95206	95078	PUC, VIBRATORY TEST
95207	95078	PUC, MORPHINE SULFATE SKIN TEST
95208	95078	PUC, DERMOGRAPHIA TEST
95210	86155	KEBUCK SKIN WINDOW
95215	95078	CHALLENGE TEST, DYE
95216	95078	CHALLENGE TEST, PRESERVATIVE
95217	95078	CHALLENGE TEST, FOOD
95218	95078	CHALLENGE TEST, ASPIRIN
95219	95078	CHALLENGE TEST, NSAIA
95220	95078	CHALLENGE TEST, DRUG MISC
95221	90798	EMERG TREAT, ASTHMA
95223	90798	EMERG TREAT, ANAPHYLAXIS (EPINEPHRINE)
95640	94640	INHALATION THERAPY
95850	95851	BIOMECHANICAL EXAM
95901	95900	NERVE CONDUCTION STUDIES, TWO EXTREMITIES
95902	95900	NERVE CONDUCTION STUDIES, THREE EXTREMITIES
95903	95900	NERVE CONDUCTION STUDIES, FOUR EXTREMITIES
95910	92585	EVOKED POTENTIALS, BRAINSTEM
95911	92280	EVOKED POTENTIALS, VISUAL
95920	90000	EVAL, NEUROVASCULAR
95934	95935	EVOKED POTENTIALS, (F REFLEX)
96502	90784	INJEC, STREPTOKINASE, INTRAVENOUS
96503	90782	INJEC, GOLD
96521	96520	PORT PUMP REFILL DAY 2-5
96522	90030	PORT-A-CATH FLUSH, COMPLEX

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
96523	90030	PORT-A-CATH FLUSH, SIMPLE
96548	90030	VITAL SIGNS MONITORING - 2,4,OR 6 HOURS POST CHEMO
96550	90784	INJEC, HEPARIN
96600	96524	CHEMOTHERAPY, INVESTIGATIONAL DRUG
97702	97700	ORTHOTICS CHECK
97703	97700	PROSTHETIC CHECK
97705	90050	PRESSURE GARMENT FITTING
98100	99070	OPAB, REECE SHOE
98101	99070	OPAB, REECE SHOE W/EXTRA PADDING
98102	99070	OPAB, PLASTIZOTE INSOLE
98103	99070	OPAB, HEAT MOLDED PLASTIZOTE
98104	99070	OPAB, SPENCO INSERTS
98105	99070	OPAB, SPENCO W/SCAPHOID PADS
98106	99070	OPAB, SPENCO W/CUTOUTS
98107	99070	OPAB, SPENCO W/CUTOUTS & SCAPHOID PADS
98108	99070	OPAB, SPENCO W/METATARSAL PADS
98109	99070	OPAB, SPENCO W/ METATARSAL BARS
98110	99070	OPAB, SPENCO W/DANCERS PADS
98111	99070	OPAB, SPENCO FOREFOOT EXTENSION
98112	99070	OPAB, SPENCO W/EDGE
98113	99070	OPAB, SPENCO W/SCAPHOID & EDGE
98114	99070	OPAB, SPENCO W/MET. BAR & SCAPHOID PAD
98115	99070	OPAB, ADD MORTONS EXTENSION
98116	99070	OPAB, 1/4, 3/8, 1/2 INCH HEEL LIFTS
98117	99070	OPAB, HEEL SPUR INSERT
98118	99070	OPAB, HEEL CUPS
98119	99070	OPAB, HEEL WEDGES (INTERNAL)
98120	99070	OPAB, STOCK ARCH SUPPORTS
98121	99070	OPAB, CORK & LEATHER ARCH SUPPORTS
98122	99070	OPAB, POLYPROPYLENE ARCH SUPPORTS
98123	99070	OPAB, DENNIS BROWN SPLINTS
98124	99070	OPAB, BMI
98125	99070	OPAB, UCB INSERTS
98126	99070	OPAB, FLEXI - FLANGE
98127	99070	OPAB, SOLE WEDGES (INTERNAL)
98128	99070	OPAB, SOFT SOLE
98129	99070	OPAB, FEET, OTHER
98140	99070	OPAB, LEATHER LACE OR CANVAS LACE
98141	99070	OPAB, FABRICATE LEATHER LACE
98142	99070	OPAB, ELASTIC ANKLET
98143	99070	OPAB, ORTHOPLAST STIRRUP SPLINT
98144	99070	OPAB, AFO (STOCK)
98145	99070	OPAB, AFO (FABRICATED)
98146	99070	OPAB, SHORT LEG ORTHOSIS
98147	99070	OPAB, M-R SPLINT
98148	99070	OPAB, ANKLE, OTHER
98160	99070	OPAB, CART./HINGED/ELASTIC SUPPORT

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
98161	99070	OPAB, CHO-PAT STRAP
98162	99070	OPAB, NEOPRENE SLEEVE
98163	99070	OPAB, LENOX HILL
98164	99070	OPAB, LERMAN
98165	99070	OPAB, KO (FABRICATED)
98166	99070	OPAB, MEASURE FOR JOBST HOSE
98167	99070	OPAB, MEAS F/JOBST HOSE W/GARTER BELT
98168	99070	OPAB, GARTER BELT
98169	99070	OPAB, WAIST SUSPENSION BELT
98170	99070	OPAB, LONG LEG ORTHOSIS
98171	99070	OPAB, PTB (POLYPROPYLENE)
98172	99070	OPAB, PTB (ORTHOPLAST)
98173	99070	OPAB, KNEE/LEG, OTHER
98174	99070	PATELLA STABILIZER
98175	99070	SWEDISH KNEE CAGE
98180	99070	OPAB, STUMP SOCKS
98181	99070	OPAB, DISTAL END PAD
98182	99070	OPAB, PYLONS/SATCH FOOT
98183	99070	OPAB, PROSTHETICS, OTHER
98190	99070	OPAB, SCOTTISH-RITE
98191	99070	OPAB, PAVLIK HARNESS
98192	99070	OPAB, AKHO
98193	99070	OPAB, HO
98194	99070	OPAB, HIPS, OTHER
98200	99070	OPAB, CVA SLING
98201	99070	OPAB, TENNIS ELBOW
98202	99070	OPAB, ELBOW PADS
98203	99070	OPAB, ELASTIC WRIST BAND
98204	99070	OPAB, CANVAS WRIST GAUNTLET
98205	99070	OPAB, POLYPROPYLENE WRIST GAUNTLET
98206	99070	OPAB, MEASURE FOR JOBST GLOVES
98207	99070	OPAB, FINGER SPLINTS
98208	99070	OPAB, AIRPLANE SPLINTS
98209	99070	OPAB, ARMS/HANDS, OTHER
98220	99070	OPAB, CERVICAL COLLAR
98221	99070	OPAB, FOUR POSTER
98222	99070	OPAB, S. O. M. I.
98223	99070	OPAB, JEWETT
98224	99070	OPAB, CASH
98225	99070	OPAB, TLSO
98226	99070	OPAB, CHAIR BACK
98227	99070	OPAB, TAYLOR BACK
98228	99070	OPAB, ABDOMINAL BINDER
98229	99070	OPAB, L-S/ S-I CORSET
98230	99070	OPAB, SPINAL, OTHER
98231	99070	LUMBAR CORSET
98240	99070	OPAB, STRETCH BOOTS

APPENDIX B (Continued)

EXTENDED PROCEDURE CODES WITH CONVERSIONS TO CPT-4

EXTCD	CPT-4	DESCRIPTION
98241	99070	OPAB, STIRRUP CHANGES
98242	99070	OPAB, HEELS
98243	99070	OPAB, WEDGES (EXTERNAL)
98244	99070	OPAB, BUILD-UPS
98245	99070	OPAB, ROCKER BOTTOM
98246	99070	OPAB, RIPPLE SOLES
98247	99070	OPAB, CREPE SOLES
98248	99070	OPAB, LEATHER SOLES
98249	99070	OPAB, METATARSAL BARS (EXTERNAL)
98250	99070	ADD VELCRO TO SHOES
98251	99070	OPAB, SHOES, OTHER
98252	99070	MEASURE FOR BOSTON SHOES
98260	99070	OPAB, REPLACE CALF LEATHER
98261	99070	OPAB, REPLACE THIGH LACER
98262	99070	OPAB, REFURBISH LONG LEG ORTHOSIS
98263	99070	OPAB, REFURBISH SHORT LEG ORTHOSIS
98264	99070	OPAB, REFURBISH SCOTTISH-RITE
98265	99070	OPAB, RECOVER AIRPLANE SPLINT
98266	99070	OPAB, READJUST AIRPLANE SPLINT
98267	99070	OPAB, TRIM TLSO
98268	99070	OPAB, REPLACE STRAPS ON TLSO
98269	99070	OPAB, MINOR LENNOX HILL REPAIRS
98270	99070	OPAB, REPAIR POST/POLYPROPYLENE ARCH
98271	99070	OPAB, HOOK & PIKE
98272	99070	OPAB, CUT MATERIAL W/BANDSAW
98273	99070	OPAB, SEW MATERIAL
98274	99070	OPAB, REMOVE SHOE BUILD-UP
98275	99070	OPAB, REPAIR/REPLACE/FABS, OTHER
99025	90774	EXAM, DEVELOPMENTAL SCREEN FOR HANDICAPS IN EARLY CHILDOD
99069	99070	ORDERING HOME DIALYSIS SUPPLIES
99074	90030	SUTURE REMOVE & DRESS
99076	99155	TEACHING, BREAST SELF EXAM
99077	99155	TEACHING, TESTICULAR SELF EXAM
99079	99155	PATIENT EDUCATION (NEPHROLOGY)
99081	99080	MED RECORD REVIEW
99083	90155	TEACHING, (OTHER DIRECT PATIENT)
99084	99082	ESCORT OF PATIENT (AMBUL)
99085	99082	ESCORT OF PATIENT (MEDEVAC)
99086	99082	TRANSPORT OF PATIENT (EMER)
99091	99080	SCREEN, IN PROCESS MEDICAL
99092	99080	SCREEN, POR
99093	99080	SCREEN, PRP
99094	99080	SCREEN, SECURITY CLEARANCE
99157	99155	NURSE-PATIENT COUNSELING
99158	99155	GENERAL COUNSELING/ADVICE CONTRACEPTIVE
99169	99160	MULT TRAUMA RESUS (TEAM LEADER)
99196	36415	PHLEBOTOMY, DIAGNOSTIC

APPENDIX C

ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM

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APPENDIX C

AMBULATORY CARE DATA BASE (ACDB) EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM

EXTCD	ICD-9-CM	DESCRIPTION
S2102	V608	PHYSICAL BARRIERS, HOME OR COMMUNITY
S2103	V608	HEALTH HAZARDS
S2105	V608	BARRACKS CONDITION
S2106	V608	ADEQUATE HOUSING UNAVAILABLE FOR DEPENDEN
S2107	V602	FACES EVICTION
S2108	V609	OTHER LIVING CONDITION PROBLEM
S2111	V618	RESPONSIBLE RELATIVE UNABLE TO COPE
S2112	V604	INADEQUATE SUPPORT FROM EXTENDED FAMILY
S2115	V610	SITUATIONAL FAMILY SEPARATION
S2117	V610	PROBLEM ASSOCIATED W/BEING SOLE PARENT
S2118	V6120	CHILD-MOTHER
S2119	V618	FAMILY PROBLEM ASSOCIATED W/TROOP DEPLOYM
S2120	V619	OTHER FAMILY PROBLEM
S2131	30989	PROBLEM ADJUSTING TO MEDICAL CONDITION
S2132	30989	ADJUSTMENT TO ACUTE ILLNESS
S2133	30989	ADJUSTMENT TO CHRONIC ILLNESS
S2134	30989	ADJUSTMENT TO TERMINAL ILLNESS
S2135	30989	ADJUSTMENT TO CHRONIC DISABILITY
S2136	V654	POOR UNDERSTANDING OF INJURY/ILLNESS, DEA
S2137	V654	POOR UNDERSTANDING OF TREATMENT PROCESS
S2138	V658	UNABLE TO FOLLOW TREATMENT PROGRAM
S2139	V1581	UNWILLING TO FOLLOW TREATMENT PROGRAM
S2140	30151	SECONDARY GAINS FROM ILLNESS/INJURY
S2141	V659	INAPPROPRIATE USE OF MTF
S2142	V609	NEEDS DISCHARGE PLAN
S2143	V632	NEEDS NURSING HOME PLACEMENT
S2144	V469	DEPENDENCE ON MACHINES
S2145	9599	ASSAULT VICTIM
S2146	V643	REQUIR/REQUEST PROC/NOT AVAIL/THRU/MIL/CH
S2147	V659	OTHER HEALTH/MED PROBLEM
S2151	V602	INADEQUATE INCOME
S2152	V602	INADEQUATE HEALTH COVERAGE
S2153	V608	POOR MONEY MANAGEMENT
S2154	V608	INDEBTEDNESS
S2155	V608	PAY PROBLEMS
S2156	V608	BAD CHECK WRITING
S2157	V608	UNEXPECTED/EMERGENCY EXPENSES
S2158	V609	OTHER ECONOMIC PROBLEM
S2161	V623	ILLITERATE
S2163	V400	POOR READER
S2164	V623	SCHOOL DROPOUT
S2165	V623	INADEQUATE TRAINING/EDUCATION
S2166	V623	NEEDS SPECIAL EDUCATIONAL PROGRAM
S2168	V654	REQUIRES INFORMATION RE: MGT OF ILLNESS
S2169	V268	REQUIRE/INFORM/REGARD/PRE/POSTNATAL/ALTER
S2170	V622	OTHER ED/VOC PROBLEM
S2182	V622	UNDEREMPLOYMENT

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
S2184	V622	SUPERIOR SUBORDINATE DIFFICULTY
S2185	V622	LIMITATIONS IN KINDS OF EMPLOYMENT
S2186	V622	INAPPROPRIATE EMPLOYMENT
S2187	V622	INADEQUATE JOB PERFORMANCE
S2188	V622	OTHER EMPLOYMENT PROBLEM
S2203	V624	SOCIAL ISOLATION
S2204	V6281	PEER RELATIONSHIP DIFFICULTIES
S2205	V6281	PROBLEMS W/OTHER PERSONAL RELATIONSHIP
S2207	3089	NORMAL REACTION TO STRESS SITUATION
S2208	V403	BEHAVIORAL MANAGEMENT
S2209	V409	BEHAVIOR STRESSFUL TO PTS/STAFF
S2210	V6289	BEHAVIOR STRESSFUL TO SELF/FAMILY/OTHERS
S2211	V6289	OTHER PROBLEM OF PSYCHOSOCIAL FUNCTIONING
S2221	V6129	CHILD MANAGEMENT PROBLEMS
S2222	V623	ABSENCE FROM SCHOOL
S2223	V623	DISCIPLINE PROBLEMS AT SCHOOL
S2224	3129	DELINQUENCY
S2225	3139	OTHER PROBLEM OF CHILDHOOD
S2231	V6289	PROBLEMS ADJUSTING TO DIFFERENT CULTURE
S2232	V6289	CONFLICTS OF CUSTOMS, MORES, ETC
S2233	V401	LANGUAGE LIMITATIONS
S2234	V629	OTHER CULTURAL PROBLEM
S2241	V6289	LACK OF RELIGIOUS SUPPORT
S2243	V626	RELIGIOUS PRACTICE CONFLICTS
S2245	V6289	OTHER RELIGIOUS PROBLEMS
S2251	V638	NO COMMUNITY RESOURCES AVAILABLE
S2252	V630	RESOURCES INACCESSIBLE
S2253	V638	RESOURCES INADEQUATE FOR NEEDS OF PATIENT
S2254	V608	RESOURCE DELAY RESPONDING TO NEED
S2256	V639	OTHER COMMUNITY RESOURCE PROBLEM
S2261	V602	PT/FAMILY HAS NO PRIVATE TRANSPORTATION
S2262	V638	NO COMMUNITY TRANSPORTATION RESOURCES
S2263	V608	RESOURCES UNAVAILABLE ON TIMELY BASIS
S2264	V602	UNRELIABLE TRANSPORTATION
S2265	V602	RESOURCES UNABLE TO MEET PATIENT NEEDS
S2266	V638	OTHER TRANSPORTATION PROBLEM
S2271	V613	ELDERLY AT RISK
S2272	V6149	CHILD AT RISK
S2273	V159	OTHER AT RISK
S2274	V613	SUSPECTED ELDERLY ABUSE
S2275	99581	CONFIRMED ELDERLY ABUSE
S2279	V618	SUSPECTED SPOUSE ABUSE
S2280	99581	CONFIRMED SPOUSE ABUSE
S2281	99581	OTHER ABUSED PERSON
S2291	V6289	MULTI-PROBLEM SITUATION
S2292	V6889	NEEDS ADOPTIVE SERVICES
S2293	V610	STRESS OF DIVORCE PROCEEDINGS
S2295	V154	ENVIRONMENTAL DISASTER VICTIM
S2296	V654	REQUEST/NEEDS INFORMATION

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
S2297	V6289	PROBLEMS CAUSED BY ADMIN/BUREAU FAILURE
S2298	V658	SOCIAL WORK PROBLEMS, OTHER, I
S2299	V658	SOCIAL WORK PROBLEMS, OTHER, II
S2301	V658	SOCIAL WORK PROBLEMS, OTHER, IV
S3051	30510	TOBACCO USE DISORDER
V0171	V017	HEPATITIS EXPOSURE
V05	V069	IMMUNIZATION, PROPHYLACTIC
V0711	V071	DESENSITIZATION TO ALLERGENS FOLLOW UP
V0731	V073	INH PROPHYLAXSIS
V0732	V073	ENDOCARDITIS, PROPHYLAXIS
V213	V218	GROWTH DISCREPANCY
V219	V6149	EFM FUNCTIONAL NEED ASSESSMENT
V22	V221	PREGNANCY, NORMAL
V226	V221	PREGNANCY, TEENAGE
V23	V239	PREGNANCY, HIGH RISK
V2421	V242	AFTERCARE, OB (PT)
V250	V2509	GENERAL COUNSELING & ADVICE
V2504	V2509	VASECTOMY REQUEST
V254	V2540	SURVEILLANCE CONTRACEPTIVE METHOD
V30	V202	NORMAL NEWBORN
V4582	V588	T&A POST-OP
V4583	V588	SPINE, POST-OP
V4950	V495	PRIOR SURG REVASCULAR ATTEMPT OF LIMB
V5331	V533	PACEMAKER, SINGLE CHAMBER
V5332	V533	PACEMAKER, DUAL CHAMBER
V5371	V537	NEEDS ORTHOTIC APPLIANCE
V5372	V537	REPAIR OF ORTHOTIC APPLIANCE
V5373	V537	REPAIR OF ORTHOTIC PROSTHETIC
V547	V548	AFTERCARE, PROSTHETIC REPLACEMENT
V5481	V548	CAST REAPPLICATION
V5490	V549	AFTERCARE AMPUTATION, HAND
V5491	V549	AFTERCARE AMPUTATION, FINGER
V5492	V549	AFTERCARE AMPUTATION, UPPER ARM
V5493	V549	AFTERCARE AMPUTATION, FOREARM
V5494	V549	AFTERCARE AMPUTATION, THIGH
V5495	V549	AFTERCARE AMPUTATION, LOWER LEG
V5574	V528	PROBLEM WITH PROSTHESIS
V5575	V529	OTHER REASON FOR VISIT
V5730	V573	POST LARYNGECTOMY, REHAB
V5731	V573	LARYNGEAL DISORDER, REHAB
V5732	V573	POST TRACHEOTOMY/TRACHEOSTOMY, REHAB
V5733	V5789	POST CONCUSSION, REHAB
V5841	V584	AFTERCARE, KNEE SURGERY
V5842	V584	AFTERCARE, SHOULDER SURGERY
V5843	V584	AFTERCARE, THORACIC SURGERY
V5844	V584	AFTERCARE, RENAL TRANSPLANT
V5845	V584	AFTERCARE, MASTECTOMY
V5846	V584	AFTERCARE, VASCULAR SURGERY
V5847	V584	AFTERCARE, CARDIAC SURGERY

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
V5881	V584	AFTERCARE, ABDOMINAL SURGERY
V5882	V588	AFTERCARE, HEART DISEASE TREATMENT
V5883	V584	AFTERCARE, CRANIOTOMY
V5890	V571	AFTERCARE, AMPUTATION, OTHER (PT)
V5891	V571	AFTERCARE, AMPUTATION, UPPER ARM (PT)
V5892	V571	AFTERCARE, AMPUTATION, FOREARM (PT)
V5893	V571	AFTERCARE, AMPUTATION, THIGH (PT)
V5894	V571	AFTERCARE, AMPUTATION, LEG (PT)
V5895	V572	AFTERCARE, AMPUTATION (OT)
V5896	V5781	AFTERCARE, ORTHOTIC
V6031	V603	LIVES ALONE, UNABLE TO CARE FOR SELF
V6110	V611	MARITAL PROBLEM
V6119	V611	MARITAL PROBLEM
V6122	V6120	SUSPECTED CHILD NEGLECT
V6123	V6121	CONFIRMED CHILD NEGLECT
V6124	V6120	SUSPECTED CHILD ABUSE
V6125	V6121	CONFIRMED CHILD ABUSE
V6126	V6121	NON-ACCIDENTAL TRAUMA
V6180	V618	OTHER SPECIFIED FAMILY CIRCUMSTAMCES
V6201	V620	NEEDS EMPLOYMENT
V6202	V620	LAID OFF
V6220	V622	OCCUPATIONAL PROBLEM
V6230	V623	ACADEMIC PROBLEM
V6251	V6889	NEEDS CONSENT TO ADMIT OR TREAT
V6252	V6889	NEEDS CONSENT FOR SURGICAL PROCEDURES
V6253	V6889	NEEDS CONSENT FOR DISCHARGE PLANNING
V6254	V625	NEEDS PROTECTIVE SVC FOR CHILD OR ADULT
V6255	V625	NEEDS LEGAL ASSIST FOR CIVIL/MED MATTERS
V6256	V625	LEGAL PROBLEMS, OTHER
V6261	V626	RELIGION OPPOSES MEDICAL CARE
V6288	V6289	BORDERLINE INTELLECTUAL FUNCTION
V6291	V624	PSYCHOSOCIAL DEPRIVATION
V63	V639	UNAVAIL OF MED FACILITIES FOR CARE
V6391	V638	NO VACANCIES IN OTH HEALTH CARE FACILITIES
V6520	V652	MALINGERING
V6551	V655	EMMETROPIA
V6552	V642	LEFT AGAINST MEDICAL ADVICE
V6553	V642	LEFT WITHOUT BEING SEEN
V6581	V658	BLOOD PRESSURE CHECK
V6811	V681	REQ FOR NON PRESCRIP MEDICATION
V6882	V798	PT REFERRED BY MILPO FOR FAM MEMBER SCREEN
V7031	V703	EXAM, SCHOOL PHYSICAL
V7032	V703	EXAM, SPORTS PHYSICAL
V7051	V705	POR QUALIFICATIONS
V710	V7109	NP OBSERVATION
V7201	V720	REQUEST FOR GLASSES
V7231	V723	EXAM, WELL WOMAN
V73	V739	SPECIAL SCREENING FOR VIRAL DISEASE
V7379	27910	HTLV-III, STAGE UNSPECIFIED

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
V8160	V816	OTHER & UNSPEC GENITOURINARY CONDITIONS
V8261	V705	WELLNESS MAINTENANCE/HEALTH PROMOTION
000	V659	NO DIAG/REASN FOR VISIT RECORDED BY PROV
00022	7999	UNKNOWN CAUSE OF MORBIDITY/MORTALITY
001	0019	ENTERITIS, CHOLERA
00645	7999	UNKNOWN CAUSE OF MORBIDITY/MORTALITY
00731	7999	UNKNOWN CAUSE OF MORBIDITY/MORTALITY
00881	0088	ENTERITIS, VIRAL
00882	5589	DIARRHEA/GASTROENTERITIS
00901	0090	COLITIS, PROVEN INFECTIOUS
0109	01090	TUBERCULIN CONVERTER
0119	01190	TUBERCULOSIS, PULMONARY
0120	01200	TUBERCULOSIS, EFFUSION, PLEURAL
013	01390	TUBERCULOSIS, MENINGES & CENT NERVOUS SYS
015	01590	TUBERCULOSIS, BONES & JOINTS
0150	01500	TUBERCULOSIS, VERTEBRAL
0159	0318	ARTHRITIS, MYCOBACTERIAL
0160	01600	TUBERCULOSIS, RENAL
018	01880	TUBERCULOSIS, MILIARY, DISSEMINATED
019	01790	TUBERCULOSIS, NONPULMONARY
020	0209	PLAGUE
021	0219	TULAREMIA
022	0229	ANTHRAX
023	0239	BRUCELLOSIS
03191	0319	INFECTION, ATYPICAL MYCOBACTERIAL
038	0389	SEPTICEMIA
03981	0399	NOCARDIA
03990	0399	ACTINOMYCOSIS
03991	0399	NOCARDIOSIS
04082	04089	TOXIC SHOCK SYNDROME
04292	27910	AIDS, NEUROLOGICAL
045	0459	POLIOMYELITIS, ACUTE
0451	04510	POLIOMYELITIS, ACUTE W/OTHER PARALYSIS
046	0469	SLOW VIRUS INFECTION OF CENT NERVOUS SYS
052	0529	VARICELLA (CHICKENPOX)
054	0549	HERPES SIMPLEX
05430	0543	HERPETIC MENINGOENCEPHALITIS
055	0559	RUBEOLA
060	0609	YELLOW FEVER
06553	7999	UNKNOWN CAUSE OF MORBIDITY/MORTALITY
070	0709	HEPATITIS, VIRAL, NOS
07015	0701	HEPATITIS A, VIRAL W/O HEPATIC COMA
07811	0781	CONDYLOMA, ACUMINATUM
07812	0781	CONDYLOMA, VAGINA (UNLESS SYPHILITIC)
07813	0781	WARTS, PLANTAR
07814	0781	CONDYLOMA, VULVA (UNLESS SYPHILITIC)
07815	0781	CONDYLOMA, CERVIX (UNLESS SYPHILITIC)
07981	0798	CHLAMYDIA
082	0829	RICKETTSIOSIS TICK BORNE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
094	0949	NEUROSYPHILIS
098	0980	GONORRHEA
09801	0980	URETHRITIS, GONOCOCCAL
0989	09889	PPNG
09941	0994	URETHRITIS, CHLAMYDIA
100	1009	LEPTOSPIROSIS
110	1109	DERMATOPHYTOSIS
111	1119	DERMATOMYCOSIS, OTHER, UNSPEC
114	11419	COCCIDIOIDOMYCOSIS
115	11590	HISTOPLASMOSIS
11791	1179	PNEUMONIA, FUNGAL, NOT HISTO/COCCID
1310	13100	TRICHOMONIASIS, UROGEN
13691	1369	INFECTIOUS DISEASE, UNSPEC
141	1419	NEOPLASM, MALIGNANT, TONGUE
143	1439	NEOPLASM, MALIGNANT, GUM
144	1449	NEOPLASM, MALIGNANT, FLOOR OF MOUTH
149	1499	NEOPLASM, MALIG, ILL DEF SITE LIP/ORAL
152	1529	NEOPLASM, MALIG, SMALL INTEST/DEODENUM
153	1539	NEOPLASM, MALIGNANT, COLON
154	1548	NEOPLASM, MALIG, RECTUM/RECTOSIGMOID/ANUS
1544	1540	NEOPLASM, MALIGNANT, RECTOSIGMOID JUNCT
155	1552	NEOPLASM, MALIG, LIVER/INTRAHEP BILE DUCTS
156	1568	NEOPLASM, MALIG, GALLBL/EXTRAHEP BILE DUCTS
157	1579	NEOPLASM, MALIGNANT, PANCREAS
158	1589	NEOPLASM, MALIG, RETROPERI & PERITONEUM
160	1608	NEOPLASM, MALIG, NASAL CAV/MID EAR/SINUS
162	1628	NEOPLASM, MALIGNANT, TRACHEA/BRONCHUS/LUNG
16281	1628	ADENOMA, BRONCHIAL, CARCINOID
16290	1629	NEOPLASM, MALIGNANT, BRONCHOGENIC, PRIMARY
16291	1629	NEOPLASM, MALIGNANT, LUNG, POORLY DIFF
16292	1629	NEOPLASM, MALIGNANT, LUNG UNDIFF
16293	1629	CYLINDROMA
16294	1629	NEOPLASM, MALIG, BRONCHOGENIC, LARGE CELL
16295	1629	NEOPLASM, MALIG, BRONCHOGENIC, SMALL CELL
16296	1629	NEOPLASM, MALIG, BRONCHO, SQUAMOUS CELL
16297	1629	NEOPLASM, MALIG, LUNG/NODULES, PARENCHYMAL
16298	1629	ADENOCARCINOMA, LUNG
163	1639	NEOPLASM, MALIGNANT, PLEURA
164	1648	NEOPLASM, MALIG, THYMUS/HEART/MEDIASTINUM
17000	1700	NEOPLASM, MALIGNANT, TEMPORAL BONE, EAR
17001	1700	NEOPLASM, MALIGNANT, SKULL
17020	1702	NEOPLASM, MALIGNANT, VERTEBRAL COLUMN
17112	1719	NEOPLASM, MALIGNANT, CONNECTIVE TISSUE
17192	1719	NEOPLASM, MALIGNANT, CONNECTIVE TISSUE
17193	1718	NEOPLASM, MALIG, LYMPH/BLOOD/SOFT TISSUE
172	1729	MELANOMA, MALIGNANT, SKIN
173	1739	NEOPLASM, MALIGNANT, SKIN, NOS
17391	1739	NEOPLASM, MALIGNANT, SKIN, BASAL CELL
17392	1739	NEOPLASM, MALIGNANT, SQUAMOUS CELL

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
1811	181	CHORIOCARCINOMA
186	1869	NEOPLASM, MALIGNANT, TESTES
187	1879	NEOPLASM, MALIGNANT, MALE GENITALIA, NOS
1895	1890	NEOPLASM, MALIGNANT, KIDNEY
1896	1879	NEOPLASM, MALIG, GENITALIA,UNSPEC(MALE) C3(FEM
190	1909	NEOPLASM, MALIGNANT, EYE
19001	1908	NEOPLASM, MALIGNANT, EYE/ORBIT
19100	1910	NEOPLASM, MALIG, CEREBRUM, EX LOBES/VENTS
19291	1719	NEOPLASM, MALIGNANT, PERIPHERAL NERVES
194	1949	NEOPLASM, MALIG, ENDO GLAND & RELAT STRUCT
19440	1944	NEOPLASM, MALIGNANT, PINEAL REGION
19501	1950	NEOPLASM, MALIGNANT, NOSE
197	1973	NEOPLASM, MALIG, RESPIR/DISGEST SYS, SECON
198	19889	NEOPLASM, MALIG, OTHER SPEC SITES, SECON
19821	1982	NEOPLASM, MALIG, MASTECTOMY SITE, SECON
19831	1983	NEOPLASM, MALIGNANT, BRAIN, SECONDARY
19832	1983	NEOPLASM, MALIGNANT, SPINE, SECONDARY
19883	19889	NEOPLASM, MALIGNANT, HEAD & NECK, SECON
19901	1991	NEOPLASM, MALIG, SECONDARY, UNSPEC SITE
19912	1991	NEOPLASM, MALIGNANT, NOS
19913	1991	PARANEOPLASTIC SYNDROME
19914	1991	NEOPLASM, MALIGNANT, MAJOR ORGAN, UNSPEC
19915	1991	REMOTE EFFECT OF NEOPLASMS
1995	1990	COMPLICATION, CANCER, ALL SITES
200	20080	LYMPHOSARCOMA & RETICULOSARCOMA
2000	20000	RETICULOSARCOMA
2001	20010	LYMPHOSARCOMA
2002	20020	BURKITT'S TUMOR OR LYMPHOMA
2008	20080	OTH VARIANTS LYMPHOSARCOMA/RETICULOSARCOMA
201	20190	HODGKIN'S DISEASE
2014	20140	LYMPHOCYTIC-HYSTIOCYTIC PREDOMINANCE
2015	20150	NODULAR SCLEROSIS
2016	20160	MIXED CELLULARITY
2017	20170	LYMPHOCYTIC DEPLETION
202	20290	NEOPLASM, MALIG, OTH LYMPHOID/HISTIOCYTIC
2020	20200	NODULAR LYMPHOMA
2021	20210	MYCOSIS FUNGIODES
2022	20220	SEZARY'S DISEASE
2023	20230	MALIGNANT HISTIOCYTOSIS
20231	20230	RETICULOENDOTHELIOSES, MALIGNANT
2024	20240	LEUKEMIC RETICULOENDOTHELIOSIS
2025	20250	LETTERER-SIWE DISEASE
2026	20260	MALIGNANT, MAST CELL TUMORS
20281	20280	LYMPHOMA, CUTANEOUS
20282	20010	LYMPHOMA, LYMPHOCYTIC, MALIGNANT, NOS
20283	20280	LYMPHOMA/LEUKEMIA, PRIMARY OF LUNG
204	2049	LYMPHOCYTIC LEUKEMIA
205	2059	LEUKEMIA, MYELOID
20501	2050	LEUKEMIA, MYELOCYTIC, ACUTE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
20511	2051	LEUKEMIA, MYELOCYTIC, CHRONIC
206	2069	LEUKEMIA, MONOCYTIC
208	2089	LEUKEMIA, UNSPEC CELL TYPE
21121	2112	NEOPLASM, BENIGN, SMALL INTESTINE
21210	2121	PAPILLOMA, LARYNGEAL
21211	2121	PAPILLOMA, VOCAL
21300	2130	NEOPLASM, BENIGN, SKULL
21321	2132	NEOPLASM, BENIGN, SPINE
21501	2150	NEUROMA, NECK
21593	2159	NEUROMA, UNSPEC
21691	7019	ACROCHORDON
21692	2169	DERMATOFIBROMA
21693	2169	NEVUS, MELANOCYTIC, BENIGN
21694	2169	NEOPLASM, BENIGN, SKIN/SUBCUTANEOUS TISSUE
2171	217	PAPILLOMA, INTRADUCTAL
2172	217	FIBROADENOMA, BREAST
221	2219	NEOPLASM, BENIGN, FEMALE GENITALIA
222	2229	NEOPLASM, BENIGN, MALE GENITALIA
2234	2230	NEOPLASM, BENIGN, KIDNEY
225	2254	MENINGIOMA, INTRACRANIAL OR SPINAL
22511	2251	NEUROMA, ACOUSTIC
22701	2270	PHEOCHROMOCYTOMA
22702	2270	ADENOMA, ADRENAL GLAND
22731	2273	NEOPLASM, BENIGN, SELLAR/SUPRASELLAR
22740	2274	NEOPLASM, BENIGN, PINEAL REGION
2280	22801	HEMANGIOMA
2299	2298	NEOPLASM, BENIGN, UNSPEC SITE
22994	1991	NEOPLASM, MESOTHELIOMA
23291	2329	BOWEN'S DISEASE, SITE UNSPEC
23292	2329	MELANOMA, IN SITU
23293	702	KERATOSIS, ACTINIC
23331	2333	CARCINOMA, IN-SITU, VULVA, CIS
23332	2333	CARCINOMA, IN-SITU, VAGINA, CIS
23571	2357	ADENOMA, BRONCHIAL
23821	7011	KERATOACANTHOMA
23861	2386	PLASMACYTOMA
23900	2390	NEOPLASM, NASOPHARYNX, UNSPEC NATURE
23901	2390	NEOPLASM, ESOPHAGUS, UNSPEC NATURE
23902	2390	NEOPLASM, STOMACH, UNSPEC NATURE
23903	2390	NEOPLASM, BILIARY TRACT, UNSPEC NATURE
23904	2390	NEOPLASM, LIVER, UNSPEC NATURE
23905	2390	NEOPLASM, PANCREAS, UNSPEC NATURE
23906	2390	NEOPLASM, GALLBLADDER, UNSPEC NATURE
23907	2390	NEOPLASM, SMALL INTESTINE, UNSPEC NATURE
23908	2390	NEOPLASM, COLON, UNSPEC NATURE
23909	2390	NEOPLASM, SIGMOID, UNSPEC NATURE
23911	2391	NEOPLASM, LARYNX, UNSPEC NATURE
23912	2391	NEOPLASM, PLEURA, UNSPEC NATURE
23921	2392	NEOPLASM, EPIDERMAL, UNSPEC NATURE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
23922	2392	NEOPLASM, DERMAL, UNSPEC NATURE
23923	2392	NEOPLASM, SUBCUTANEOUS, UNSPEC NATURE
23924	2392	NEOPLASM, SPINAL COLUMN, UNSPEC NATURE
23951	2395	NEOPLASM, CERVIX, UNSPEC NATURE
23952	2395	NEOPLASM, KIDNEY, UNSPEC NATURE
23953	2395	NEOPLASM, OVARY, UNSPEC NATURE
23954	2395	NEOPLASM, PENIS, UNSPEC NATURE
23955	2395	NEOPLASM, PROSTATE, UNSPEC NATURE
23956	2395	NEOPLASM, TESTICLE, UNSPEC NATURE
23957	2395	NEOPLASM, UTERUS, UNSPEC NATURE
23963	2396	NEOPLASM, BRAIN TUMOR, UNSPEC
23970	2397	NEOPLASM, SPINAL CORD, UNSPEC NATURE
23971	2580	NEOPLASM, MULT ENDOCRINE NEOPLASIA SYND
23975	2397	NEOPLASM, SPINAL MENINGES, UNSPEC NATURE
23976	2397	NEOPLASM, ADRENAL, UNSPEC NATURE
23977	2397	NEOPLASM, NERVOUS SYSTEM, UNSPEC NATURE
23978	2397	NEOPLASM, PITUITARY, UNSPEC NATURE
23979	2397	NEOPLASM, THYROID, UNSPEC NATURE
23980	37992	ORBITAL MASS
23981	2390	NEOPLASM, SALIVARY GLAND, UNSPEC NATURE
23982	2390	NEOPLASM, TONGUE, UNSPEC NATURE
23983	2390	NEOPLASM, TONSILS, UNSPEC NATURE
23984	2390	NEOPLASM, RECTUM/ANUS, UNSPEC NATURE
24091	2409	GOITER, DIFFUSE NONTOXIC
2420	24200	GOITER, DIFFUSE TOXIC
2429	24290	HYPERTHYROIDISM
24490	2449	HYPOTHYROIDISM, ACQUIRED
24521	2452	THYROIDITIS, HASHIMOTO'S
24621	2469	MASS, THYROID
250	25000	DIABETES MELLITUS
2506	25060	NEUROPATHY, DIABETIC
2509	25090	DIABETIC COMPLICATION, NOS
25300	2530	ACROMEGALY & GIGANTISM
25311	2531	HYPERPROLACTINEMIA ANT PIT HYPERFUNCT
25312	2531	AMENORRHEA/GALACTORRHEA ANT PIT HYPERFUNCT
25320	2532	PANHYPOPITUITARISM
25541	2554	ADDISON'S DISEASE
25581	2558	ADRENAL HYPERPLASIA
25631	2563	HYPOGONADISM, FEMALE
25721	2572	HYPOGONADISM, MALE
25881	2588	POLYGLANDULAR FAILURE, AUTOIMMUNE
27131	2713	INTOLERANCE, LACTOSE PEDIATRIC
272	2729	METABOLIC DISORDER, LIPID
274	2749	GOUT
27541	2754	HYPERCALCEMIA
27542	2754	HYPOCALCEMIA
27581	2758	METABOLIC BONE DISEASE
27691	2767	POTASSIUM DISORDERS, OTHER
2770	27700	CYSTIC FIBROSIS

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
27741	2774	BILIRUBIN METABOLISM, ABNORMAL
27781	2778	GRANULOMA, EOSINOPHILIC
27801	2780	OBESITY, PEDIATRIC
2791	27919	DEFICIENCY, CELL-MEDIATED IMMUNITY
27916	27910	HTLV III POSITIVITY
27917	27910	AIDS RELATED COMPLEX (ARC)
27918	27910	IMMUNODEFICIENCY, ACQUIRED (AIDS)
27922	2792	IMMUNODEFICIENCY, HEREDITARY
280	2809	ANEMIA, DEFICIENCY, IRON
281	2819	ANEMIA, DEFICIENCY, UNSPEC
28220	2822	ANEMIA, DEFICIENCY, G-6PD
2826	28260	ANEMIA, SICKLE CELL
2838	2831	ANEMIA, HEMOLYTIC, TOXIC
284	2849	ANEMIA, APLASTIC
28481	2848	ANEMIA, APLASTIC, DUE TO CHRONIC DISEASE
285	2859	ANEMIA, UNSPEC
287	2872	PURPURA
28711	2871	COAGULOPATHY, PLATELET DEFECTS ACQUIRED
28901	2890	POLYCYTHEMIA, SPURIOUS
28981	2898	MACROCYTOSIS
28982	2898	MYELOFIBROSIS
28991	2899	THROMBOCYTOSIS, ESSENTIAL
28992	2899	THROMBOCYTOSIS, OTHER
29000	2900	DEMENTIA, PRI DEGEN SENILE ONSET, UNCOMPL
29030	2903	DEMENTIA, SENILE, W/DELIRIUM
2905	2948	ORGANIC MENTAL DISORD, UNCOMPLICATED
29100	2910	ALCOHOL, WITHDRAWAL DELIRIUM
29101	2910	DELERIUM TREMENS
29110	2911	ALCOHOL, AMNESTIC DISORDER
29120	2912	DEMENTIA, ALCOHOLIC, UNSPEC
29130	2913	ALCOHOL, HALLUCINOSIS
29140	2914	ALCOHOL, IDIOSYNCRATIC INTOXICATION
29180	2918	ALCOHOL WITHDRAWAL
292	2929	PSYCHOSIS, DRUG
29290	2929	PSYCHOSIS, DRUG
29300	2930	OBS W/DELIRIUM
29301	2930	CONFUSIONAL STATE, ACUTE, ORGANIC
29391	2948	PSYCHOSIS, TOXIC/METABOLIC
29400	2940	AMNESTIC SYNDROME, OBS W/ADD DX OR UNKNOW
29410	2941	DEMENTIA, OBS W/ADD DX OR UNKNOWN ETIOL
2942	2949	ORGANIC PSYCHOSES EXCL ALCOHOLIC
2943	2941	DEMENTIA, POST-TRAUMATIC
29480	2948	ORGANIC BRAIN SYNDROME ATYPICAL OR MIXED
2953	29530	PARANOID TYPE DISORDER
2959	29590	SCHIZOPHRENIA, UNSPEC
2962	2980	DEPRESSIVE PSYCHOSIS
29622	29620	DEPRESSION, MAJOR, SINGLE EPISODE, W/O ME
29623	29620	DEPRESSION, MAJOR, SINGLE EPISODE, W/MELA
29627	29620	DEPRESSION, MAJ, SIN EPI, W/PSY FEAT MOOD

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
2963	29630	DEPRESSION, MAJOR, RECURRENT EPISODE
29632	29630	DEPRESSION, MAJOR, RECURRENT, W/O MELANCH
29633	29630	DEPRESSION, MAJOR, RECURRENT, W/MELANCHOL
29637	29630	DEPRESSION, MAJ, RECURR, W/PSY FEAT MOOD
29642	29640	BIPOLAR DISORDER, MANIC, W/O PSYCHOTIC FE
2965	29650	BIPOLAR AFFECTIVE DISORDER, DEPRESSED
29652	29650	BIPOLAR DISORDER, DEPRESSED, W/O PSYCHOTI
29657	29654	BIPOLAR DIS, DEP W/PSY FEAT MOOD INCONG
29662	29660	BIPOLAR DISORDER, MIXED, W/O PSYCHOTIC
29667	29664	BIPOLAR DIS, MIX, W/PSY FEAT MOOD INCONG
29670	2967	BIPOLAR DISORDER, ATYPICAL
29710	2971	PARANOIA
29730	2973	PARANOID DISORDER, SHARED
29790	2979	PARANOID DISORDER, ATYPICAL
29830	2983	PARANOID DISORDER, ACUTE
29880	2988	PSYCHOSIS, BRIEF REACTIVE
29890	2989	PSYCHOSIS, ATYPICAL
2990	29900	AUTISM
300	3009	NEUROTIC DISORDER
3000	30000	ANXIETY DISORDER
30003	30000	ANXIETY/TENSION NOS
30017	30016	CONVERSATION NEUROSIS
30030	3003	OBSESSIVE COMPULSIVE DISORDER
30040	3004	DYSTHYMIC DISORDER (DEPRESSIVE NEUROSIS)
30060	3006	DEPERSONALIZATION DISORDER
30070	3007	HYPOCHONDRIASIS
30071	3007	SOMATOFORM DIS, ATYPICAL
30072	3007	PHANTOM LUMP
30090	3009	UNSPEC MENT DIS NONPSYCHO
30093	3009	SUICIDE GESTURE
301	3019	PERSONALITY DISORDER
30100	3010	PERSONALITY DISORDER, PARANOID
3011	30110	AFFECTIVE PERSONALITY DISORDER
30140	3014	PERSONALITY DISORDER, COMPULSIVE
30160	3016	PERSONALITY DISORDER, DEPENDENT
30170	3017	PERSONALITY DISORDER, ANTISOCIAL
30198	3019	PERSONALITY DISORDER, UNSPECIFIED
30200	3020	EGOSYSTONIC HOMOSEXUALITY
30210	3021	ZOOPHILIA
30220	3022	PEDOPHILIA
30230	3023	TRANSVESTISM
30240	3024	EXHIBITIONISM
30260	3026	GENDER IDENTITY DIS CHILD
3027	30270	PSYCHOSEXUAL DYSFUNCTION
30278	30272	IMPOTENCE, PSYCOGENIC
30298	3029	PSYCHOSEXUAL DISORDER, UNSPECIFIED
3039	30390	ALCOHOL DEPENDENCE, OTHER & UNSPEC
305	30590	DRUG ABUSE, NONDEPENDENT
3050	30500	ALCOHOL ABUSE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
3051	30510	TOBACCO USE DISORDER
30595	30590	OTHER, MIXED, UNSPEC DRUG ABUSE
306	3069	PHYSIOLOGICAL MALFUNCTION, MENTAL FACTOR
30600	3060	PSYCHOPHYSIOLOGICAL MUSCULOSKELETAL DIS
30601	3060	PSYCHOPHYSIOLOGICAL MUSCULOSKELETAL DIS
30700	3070	STUTTERING
30710	3071	ANOREXIA NERVOSA
30760	3076	ENEURESIS, FUNCTIONAL
30770	3077	ENCOPRESIS, FUNCTIONAL
3078	30780	PSYCHALGIA
308	3089	ACUTE REACTION TO STRESS
30830	3083	POST TRAUMATIC STRESS DISORDER, ACUTE
30900	3090	ADJUSTMENT DISORDER W/DEPRESSED MOOD
3092	30929	ADJUSTMENT REACTION W/PREDOM DISTURB OTH
30930	3093	ADJUSTMENT DIS W/DISTURB OF CONDUCT
30940	3094	ADJUSTMENT DIS W/MIX DISTURB EMOTION/COND
3098	30989	ADJUSTMENT REACTIONS, OTHER SPEC
30990	3099	ADJUSTMENT REACTION, W/ATYPICAL FEATURES
31010	3101	ORGANIC PERSONALITY SYND
312	3129	CONDUCT DISORDER, NEC
31223	31220	COND DIS, SOCIALIZED, AGGRES
31290	3129	CONDUCT DISORDER, ATYPICAL
31300	3130	OVERANXIOUS DISORDER, CHILDHOOD/ADOL
31399	3139	EMOTIONAL DISTURB OF CHILDHOOD/ADOL
31480	31400	ATTENTION DEFICIT DISORDER, RESIDUAL TYPE
31491	3149	MINIMAL BRAIN DYSFUNCTION
31510	3151	DEVELOPMENTAL ARITHMETIC DISORDER
3153	31531	DEVELOPMENTAL SPEECH/LANGUAGE DISORDER
31591	3159	DELAYED EMOTIONAL MATURATION
31600	316	PSYCH FACT AFFECT PHYS COND
31700	317	MENTAL RETARDATION, MILD W/O OTHER BEHAV
31800	3180	MENTAL RETARDATION, MOD W/O OTH BEHAV SYM
31810	3181	MENTAL RETARDATION, SEVERE W/O OTH BEHAV
320	3209	MENINGITIS, BACTERIAL NOS
32110	1179	MENINGITIS, FUNGAL
32291	3209	MENINGITIS, PRESUMED BACTERIAL
323	3239	ENCEPHALITIS/MYELITIS
32390	3239	MYELITIS, ACUTE TRANSVERSE
32391	3239	ENCEPHALOMYELITIS
32401	3240	INTRACRANIAL ABSCESS/EMPYEMA
32411	3241	INTRASPINAL ABSCESS/EMPYEMA
3251	325	THROMBOSIS, CAVERNOUS SINUS
3260	326	LATE EFFECT OF MYELITIS, ACUTE TRANSVERSE
32700	30540	BARB SIM ACT SED/HYP INTOXICATION
32701	2920	BARB SIM ACT SED/HYP WITHDRAWAL
32702	2920	BARB SIM ACT SED/HYP WITHDRAWAL DELERIUM
32704	29283	BARB SIM ACT SED/HYP AMNESTIC DISORDER
32710	30550	OPIOID INTOXICATION
32711	2920	OPIOID WITHDRAWAL

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
32720	30560	COCAINE INTOXICATION
32730	30570	AMPHET SIM ACT SYMPATH INTOXICATION
32731	29200	AMPHET SIM ACT SYMPATH WITHDRAWAL
32732	29281	AMPHET SIM ACT SYMPATH DELERIUM
32735	29211	AMPHET SIM ACT SYMPATH DELUSIONAL DISORDER
32740	30590	PCP/SIM ACT ARYLCYCLOH INTOXICATION
32742	29281	PCP/SIM ACT ARYLCYCLOH DELIRIUM
32749	2929	PCP/SIM ACT ARYLCYCLOH MIX ORGAN MENT DIS
32755	29211	HALLUCINOGEN DELUSIONAL DISORDER
32756	30530	HALLUCINOGEN HALLUCINOSIS
32757	29284	HALLUCINOGEN AFFECTIVE DISORDER
32760	30520	CANNABIS INTOXICATION
32765	29211	CANNABIS DELUSIONAL DISORDER
32790	30590	INTOXICATION, SUBS, UNSPEC
32791	2920	WITHDRAWAL, SUBS, UNSPEC
32792	29281	DELERIUM, SUBS UNSPEC
32793	29282	DEMENTIA, DRUG INDUCED, SUBS UNSPEC
32794	29283	AMNESTIC DISORDER, DRUG IND, SUBS UNSPEC
32795	29211	DELUSIONAL DISORDER, SUBS, UNSPEC
32796	29212	HALLUCINOSIS, DRUG INDUCED, SUBS, UNSPEC
32797	29284	AFFECTIVE DISORDER, DRUG IND, SUBS UNSPEC
32798	29289	PERSONALITY DISORDER, DRUG IND, SUBS UNSP
32840	30590	PCP/SIM ACT ARYLCYCLOH ABUSE, UNSPEC
32841	30591	PCP/SIM ACT ARYLCYCLOH ABUSE, CONTINUOUS
32842	30592	PCP/SIM ACT ARYLCYCLOH ABUSE, EPISODIC
32843	30593	PCP/SIM ACT ARYLCYCLOH ABUSE, IN REMISSION
3315	3314	HYDROCEPHALUS, ACQUIRED
332	3320	PARKINSON'S DISEASE
333	33390	OTHER MOVEMENT DISORDERS (EXTRAPYRAMIDAL)
33320	3332	MYOCLONUS, HEREDITARY
33321	3332	MYOCLONUS,TOXIC-METABOLIC
33333	3333	TICS OF ORGANIC ORIGIN
334	3349	SPINOCEREBELLAR DISEASE
335	3359	ANTERIOR HORN CELL DISEASE
33600	3360	SYRINGOMYELIA & SYRINGOBULBIA
33691	3369	LESION, SPINAL CORD, W/O VERTEBRAL INJURY
33700	3370	CAROTIDYNIA
33701	3370	CAROTID SINUS SYNDROME
33791	3379	DYSTROPHY, REFLEX SYMPATHETIC
33792	3379	SHOULDER-HAND SYNDROME
3400	340	MULTIPLE SCLEROSIS, ACUTE
3401	340	MULTIPLE SCLEROSIS, CHRONIC
342	3429	HEMIPLEGIA
345	3459	EPILEPSY
34500	3450	EPILEPSY, GENERALIZED, NONCONVULSIVE
34510	3451	EPILEPSY, GENERALIZED, CONVULSIVE
34542	3454	EPILEPSY, COMPLEX PARTIAL (TEMPORAL LOBE)
34550	3455	EPILEPSY, PARTIAL, SIMPLE
34591	3451	EPILEPSY, GENERALIZED TONIC-CLONIC

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
34592	3458	EPILEPSY, FOCAL ONSET W/SEC GENERALIZED
346	3469	HEADACHE, MIGRAINE
34621	3462	HEADACHE, CLUSTER
34820	3482	BENIGN INTRACRANIAL HYPERTENSION
34881	3489	BRAIN DISEASE, ACQUIRED
34900	3490	HEADACHE, LUMBAR PUNCTURE
350	3509	TRIGEMINAL NERVE DISORDER (5TH)
35010	3501	TRIGEMINAL NEURALGIA
351	3510	FACIAL NERVE PALSY (7TH)
3512	3510	SPASM, HEMIFACIAL
35291	3529	PALSEY, THIRD CRANIAL NERVE
35292	3529	PALSEY, SIXTH CRAINAL NERVE
35301	3530	RUCKSACK PALSY
35322	3522	DISORDER GLOSSOPHARYNGEAL NERVE (9TH CN)
35351	3535	PARSONAGE-TURNER SYNDROME
354	3545	MONONEURITIS, UPPER LIMB AND MULTIPLEX
35420	3542	LESION OF ULNAR NERVE
355	3558	MONONEURITIS, LOWER LIMB
35591	3559	DYSFUNCTION, NERVE, OTHER
35592	3559	NEUROPATHY, OTHER
35593	3559	PERIPHERAL/SPINAL NERVE DISORDER
35594	3559	PALSY, POSTERIOR INTERROSSEOUS NERVE
35595	3559	NERVE ENTRAPMENT SYNDROME
35596	3559	PALSY, ANTERIOR INTERROSSEOUS NERVE
35681	3568	PALSY, PROGRESSIVE SUPRANUCLEAR
358	3589	MYONEURAL DISORDER
35800	3580	MYASTHENIA GRAVIS, OCULAR
3585	3588	NEUROMUSCULAR BLOCKAGE, NON-MYASTHENIC
359	3599	MUSCULAR DYSTROPHY & OTHER MYOPHATHY
35910	3591	DYSTROPHY, MUSCULAR NOS
35911	3591	DYSTROPHY, MUSCULAR, DUCHENNE'S
35912	3591	DYSTROPHY, MUSCULAR, BECKER'S
35913	3591	DYSTROPHY, MUSCULAR, LIMB GIRDLE
35914	3591	DYSTROPHY, MUSCULAR, FACIOSCAPULOHUMERAL
35981	3598	MYOPATHY, GLYCOGEN STORAGE
35982	3598	MYOPATHY, LIPID'S STORAGE
35983	3598	MYOPATHY, INFECTIOUS
35984	3598	MYOPATHY, TRAUMATIC
3600	36000	ENDOPHTHALMITIS, PURULENT
3602	36020	DEGENERATIVE DISORDERS OF GLOBE
3603	36030	HYPOTONY OF EYE
36083	36089	LOSS OF EYE, AFTERCARE
3610	36100	RETINAL DETACHMENT W/RETINAL DEFECT
3611	36110	RETINOSCHISIS & RETINAL CYSTS
3618	36181	OTH FORMS RETINAL DETACHMT (INC TRACTION)
3620	36201	DIABETIC RETINOPATHY
3621	36210	OTH BACKGRD RETINOPATHY/RETIN VAS CHANGES
3622	36229	OTH PROLIF RETINOPATHY (NON-DIABETHIC)
3626	36260	RETINAL DEGENERATION, PERIPHERAL

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
3627	36270	HEREDITARY RETINAL DYSTROPHIES
3628	36289	OTHER RETINAL DISORDERS
3633	36330	CHORIORETINAL SCARS
3634	36340	CHOROIDAL DEGENERATIONS
3635	36350	HEREDITARY CHOROIDAL DYSTROPHIES
3640	3643	IRIDOCYCLITIS
3645	36457	DEGERATIONS OF IRIS & CILIARY BODY
3646	36460	CYSTS OF IRIS, CILIARY BODY/ANT CHAMBER
3647	36470	ADHESIONS/DISRUPT OF IRIS & CILIARY BODY
365	3659	GLAUCOMA
3650	36500	GLAUCOMA SUSPECT (BORDERLINE GLAUCOMA)
3652	36520	PRIMARY ANGLE-CLOSURE GLAUCOMA
3654	36541	GLAUCOMA W/CONGEN ANOMAL, DYSTROPH & SYS
3656	36560	GLAUCOMA W/OTH OCULAR DISORDER (SECOND)
366	3669	CATARACT
36605	36600	CATARACT, INFANTILE
3661	36610	CATARACT, SENILE
3662	36620	CATARACT, TRAUMATIC
3663	36630	CATARACT, SECONARY TO OCULAR DISORDERS
3665	36650	POST CATARACT OPACIFICATION
36700	3670	HYPEROPIA
36723	36720	ASTIGMATISM, HYPEROPIC
36724	36720	ASTIGMATISM, MIXED
36725	36720	ASTIGMATISM, MYOPIC
36741	36751	ACCOMMODATIVE DISORDER
36791	3679	REFRACTIVE ERROR
3681	36810	SUBJECTIVE VISUAL DISTURBANCE
36817	36813	PHOTOPHOBIA
36818	3688	VISUAL/PERCEPTUAL MOTOR DYSFUNCTION
3685	36859	COLOR VISION DEFICIENCIES
3690	36900	PROFOUND VISUAL IMPAIRMENT (BOTH EYES)
3700	37000	CORNEAL ULCER
3702	37020	SUPERFICIAL KERATITIS WO CONJUNCTIVITIS
3703	37040	KERATOCONJUNCTIVITIS
3705	37050	INTERSTITIAL & DEEP KERATITIS
3706	37060	CORNEAL NEOVASCULARIZATION
3710	37100	CORNEAL SCARS & OPACITIES
3711	37110	CORNEAL PIGMENTATIONS & DEPOSITS
3712	37120	CORNEAL EDEMA
3713	37130	CHANGES IN CORNEAL MEMBRANE
3714	37140	CORNEAL DEGENERATION
3716	37160	KERATOCONUS
3720	37200	CONJUNCTIVITIS, ACUTE
3721	37210	CONJUNCTIVITIS, CHRONIC
3722	37220	BLEPHAROCONJUCTIVITIS
3724	37240	PTERYGIUM
3727	37274	CONJUNCTIVAL VASCULAR DISORDERS & CYSTS
3730	37300	BLEPHARITIS
3731	37311	HORDEOLUM

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
3733	37331	NON-INFECTIOUS DERMATOSIS OF EYELID
3740	37400	ENTROPION
3741	37410	ECTROPION
3743	37430	PTOSIS, EYELID
37435	74489	PTOSIS OF EYEBROW
37436	74489	DEFORMITY, EYEBROW, ACQUIRED
37437	74489	DEFORMITY, EYEBROW, LEVATOR
3744	37445	SENSORIMOTOR DISORDERS OF EYELID
37491	37434	EXCESS SKIN, ORBIT, ACQUIRED
375	3759	LACRIMAL SYSTEM DISEASE
3750	37500	DACRYOADENITIS, UNSPEC
3752	37520	EPIPHORA
3753	37530	ACUTE & UNSPEC INFLAM LACRIMAL PASSAGES
3755	37553	STENOSIS & INSUFF OF LACRIMAL PASSAGES
3760	37600	ACUTE INFLAMMATION OF ORBIT
3761	37610	CHRONIC INFLAMMATORY DISORDERS OF ORBIT
3762	37621	EXOPHTHALMOS, ENDOCRINE
377	3779	DISORDERS OF OPTIC NERVE AND VISUAL PATHWAYS
3770	37700	PAPILLEDEMA (OPTIC DISC EDEMA)
3771	37710	ATROPHY, OPTIC
3772	37754	OPTIC DISC DISORDERS, OTHERS
3773	37730	NEURITIS, OPTIC
3774	37749	DISORDERS OF OPTIC NERVE, OTHER
3775	37754	DISORDERS OF OPTIC CHIASM
3776	37754	DISORDERS OF OTHER VISUAL PATHWAYS
3777	37754	DISORDERS OF VISUAL CORTEX
3780	37800	ESOTROPIA
37809	37883	CONVERGENCE INSUFFICIENCY
3781	37810	EXOTROPIA
37819	37885	DIVERGENCE INSUFFICIENCY
37846	37840	HYPERPHORIA
3785	37850	STRABISMUS, PARALYTIC
3786	37860	STRABISMUS, MECHANICAL
3787	37873	STRABISMUS, OTHER SPECIFIED
3788	37887	BINOCULAR EYE MOVEMENTS DISORDERS, OTHER
37891	3789	STRABISMUS
37895	37884	CONVERGENCE EXCESS
37896	37885	DIVERGENCE EXCESS
37907	0940	POSTERIOR SCLEROSIS
37908	37900	EPISCLERITIS
3791	37919	SCLERA DISORDERS, OTHER
3799	37990	EYE AND ADNEXA DISORDER, UNSPEC
3800	38000	PERICHRONDRITIS, AURICLE
3801	38023	OTITIS EXTERNA
3802	38023	OTITIS EXTERNA, OTHER
3812	38120	OTITIS MEDIA, MUCOID
38150	38150	EUSTACHIAN TUBE BLOCKAGE
382	3824	OTITIS MEDIA, SUPPRATIVE & UNSPEC
3820	38200	OTITIS MEDIA, SUPPRATIVE, ACUTE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
3832	38320	OSTEOMASTOIDITIS
38391	3839	MASTOIDITIS (COALESCENT)
3840	38400	MYRINGITIS, ACUTE W/O OTITIS MEDIA
38426	38420	PERFORATED TYMPANIC MEMBRANE, NONTRAUMATIC
3851	38510	OTITIS MEDIA, ADHESIVE
3860	38600	MENIERE'S SYNDROME
3863	38630	LABYRINTHITIS
3864	38640	FISTULA, LABYRINTHINE
3881	38810	NOISE EFFECTS OF INNER EAR
3883	38830	TINNITUS
3890	38900	HEARING LOSS, CONDUCTIVE
3891	38910	HEARING LOSS, SENSORINEURAL
391	3919	RHEUMATIC FEVER W/HEART INVOLVEMENT
392	3929	CHOREA, SYDENHAM'S
39701	3970	RHEUMATIC HEART DISEASE, TRICUSPID VALVE
401	4019	HYPERTENSION, ESSENTIAL
402	40290	HYPERTENSION W/CARDIOVASCULAR DISEASE
403	4039	HYPERTENSION W/RENAL DYSFUNCTION
405	40599	HYPERTENSION, SECONDARY
40592	40591	HYPERTENSION, RENOVASCULAR
410	4109	ACUTE MYOCARDIAL INFARCTION
413	4139	ANGINA PECTORIS
414	4149	HEART DISEASE, ISCHEMIC, CHRONIC, OTHER F
41401	4140	HEART DISEASE, ATHEROSCLEROTIC, POST CABG
41402	4140	ARTERITIS, CORONARY HEART DISEASE
41406	4140	HEART DIS, ATHEROSCLER, NORM LV (EF>40%)
41407	4140	HEART DIS, ATHEROSCLER, ABN, LV (EF>40%)
41408	4140	HEART DIS, ATHEROSCLEROTIC, POST PTCA
41409	4140	HEART DISEASE, ATHEROSCLEROTIC, UNSTABLE
41781	4178	VASCULITIS, PULMONARY, ACUTE, UNSPEC
4229	42290	MYOCARDITIS, ACUTE
42401	4240	MITRAL ANNULAR CALCIFICATION
42402	4240	MITRAL VALVE REGURGITATION
42403	4240	PROLAPSE, MITRAL VALVE
42411	4241	REGURGITATION, AORTIC
42412	4241	STENOSIS, AORTIC, VALV HEART (NONRHEUM)
42414	4241	ENDOCARDITIS, AORTIC VALVE
42415	4241	STENOSIS, AORTIC
42421	4242	TRICUSPID VALVE, REGURG (NONRHEUMATIC)
42422	4242	TRICUSPID VALVE, REGURGITATION, PRIMARY
42423	4242	TRICUSPID VALVE, REGURGITATION, SECONDARY
42431	4243	STENOSIS, VALVULAR PULMONIC
42432	4243	ENDOCARDITIS, PULMONARY VALVE
42433	4243	REGURGITATION, PULMONIC, PRIMARY
42434	4243	REGURGITATION, PULMONIC, SECONDARY
42491	42490	ENDOCARDITIS NOS
425	4254	CARDIOMYOPATHY
4256	4254	CARDIOMYOPATHY, DILATED
42620	4262	LEFT ANTERIOR FASCICULAR BLOCK, LAFB

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
42621	4262	LEFT POSTERIOR FASCICULAR BLOCK, LPFB
42690	4269	PROLONGED QT
427	4279	CARDIAC DYSRHYTHMIAS
42791	4279	ARRHYTHMIA, CARDIAC
42792	42789	TACHYCARDIA, MULTIFOCAL ATRIAL
42793	42789	BRADYCARDIA
42801	4280	HEART FAILURE, CONGESTIVE, SECOND TO ASHD
42802	4280	HEART FAIL, CONGEST, SEC TO ENDOCARDITIS
42891	4289	HEART FAILURE, IDIOPATHIC
42931	4293	HYPERTROPHY, LEFT VENTRICULAR
42990	4299	CARDIAC DISEASE, UNSPEC
42991	42789	ARRHYTHMIA, ATRIAL & VENTRICULAR, OTHER
43210	4321	HEMORRHAGE, CEREB, SUBDUR W/O PARALYSIS
433	4339	OCCLUSION & STENOSIS PRECEREBRAL ARTERIES
434	4349	OCCLUSION OF CEREBRAL ARTERIES
435	4359	TRANSIENT CEREBRAL ISCHEMIA
43591	4359	TRANS ISCHEMIC ATTCK W/NEURO DEF (RINE)
4361	436	CEREBROVASCULAR ACCIDENT (CVA) LEFT
4362	436	CEREBROVASCULAR ACCIDENT (CVA) RIGHT
4363	436	CEREBROVASCULAR ACCIDENT, MULTIPLE LACUNAR
440	4409	ATHEROSCLEROSIS
44021	4402	GANGRENE, ARTERIOSCLEROTIC
4405	4409	ISCHEMIC VASCULAR DISEASE, GENERALIZED
4438	4439	PERIPHERAL VASCULAR DISEASE, EXTREMITIES
44391	4439	INTERMITTENT CLAUDICATION
44392	4439	INSUFFICIENCY, PERIPHERAL VASCULAR
4442	44422	ARTERIAL EMBOL/THROMBOSIS, ARTERIES EXTREM
4443	44489	ARTERIAL EMBOLISM/THROMBOSIS, SYSTEMIC
4448	44489	ARTERIAL EMBOLISM/THROMBOSIS, OTHER SPEC
446	4460	POLYARTERITIS NODOSA & ALLIED CONDITIONS
44601	4462	VASCULITIS, EOSINOPHILIC (CHURG-STRAUSS)
44602	4460	ANGIITIS, NECROTIZING SARCOIDAL
44621	4462	GOODPASTURE'S SYNDROME
44651	4465	ARTERITIS, TEMPORAL
44760	2870	VASCULITIS, CUTANEOUS
44761	4476	ARTERITIS, UNSPEC
44782	4478	HYPERLASIA, FIBROMUSCULAR-CAROTID
44783	4478	VASCULITIS, KIDNEY
44784	4478	DYSPLASIA, FIBROMUSCULAR
451	4519	PHLEBITIS/THROMBOPHLEBITIS
4511	45119	PHLEBITIS, DEEP, LOWER EXTREMITY
454	4549	VARICOSE VEINS, LOWER EXTREMITY
459	4599	CIRCULATORY SYSTEM DISORDERS, OTHER
45901	4590	DRUG EXTRAVASATION
4601	460	CORYZA
4602	460	URI ACUTE (COLD)
461	4619	SINUSITIS, ACUTE
4631	463	ADENOTONSILLITIS, ACUTE
4641	46410	TRACHEITIS, ACUTE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
4642	46420	ACUTE LARYNGITIS & TRACHEITIS
4643	46430	EPIGLOTTITIS
466	4660	BRONCHITIS & BRONCHIOLITIS
471	4719	POLYP, NASAL, (NASAL/SINUS)
472	4722	PHARYNGITIS & NASOPHARYNGITIS, CHRONIC
47202	4720	RHINITIS, SICCA
47203	4720	RHINITIS, MEDICAMENTOSA
47204	4722	NASOPHARYNGITIS, PURULENT, CHRONIC
473	4739	SINUSITIS, CHRONIC
47380	4739	DRAINAGE, POSTNASAL
4741	47410	HYPERTROPHY, TONSILS, ADENOIDS
47480	4748	CYST, TONSIL
47481	4748	TONSILLAR TAG
477	4779	RHINITIS, ALLERGIC
47780	4720	RHINITIS, NONSPEC
47781	4770	RHINITIS, ALLERGIC, TREES
47782	4770	RHINITIS, ALLERGIC, GRASS
47783	4770	RHINITIS, ALLERGIC, WEEDS
47784	4778	RHINITIS, ALLERGIC, MOLD
47785	4778	RHINITIS, ALLERGIC, PET
47786	4778	RHINITIS, ALLERGIC, DUST
47787	4778	RHINITIS, ALLERGIC, MITES
47788	4779	RHINITIS, ALLERGIC, SEASONAL
47789	4779	RHINITIS, ALLERGIC, PERENNIAL
47790	4720	RHINITIS, NON-ALLERGIC W/EOSINOPHILIA
47791	4779	RHINITIS, VASOMOTOR
47810	4781	ABSCESS, NASAL SEPTAL
47812	4781	PERFORATION, SEPTAL
47814	4781	NASAL DISORDER, OTHER
47827	47826	CYST, HYPOPHARYNX
4783	47830	PARALYSIS, VOCAL CORD
47835	47830	PARALYSIS, VOCAL CORD, IATROGENIC
47836	47830	PARALYSIS, VOCAL CORD, CHRONIC
47878	47879	OBSTRUCTION, LARYNGEAL
480	4809	PNEUMONIA, VIRAL
48281	4828	PNEUMONIA, MYCOBACTERIAL-NON-TUBERCULOSIS
491	4919	BRONCHITIS, CHRONIC
49181	4918	BRONCHIOLITIS OBLITERANS
492	4928	EMPHYSEMA
493	49390	ASTHMA
4930	49300	ASTHMA, EXTRINSIC
4931	49310	ASTHMA, INTRINSIC
4939	49390	ASTHMA, ALLERGIC
49392	49390	ASTHMA, NON-ALLERGIC
49393	49390	ASTHMA, EPISODIC/CONFINING
49394	49390	ASTHMA, FULLY REVERSIBLE
49395	49390	ASTHMA, PARTIALLY REVERSIBLE
49396	49390	ASTHMA, BRONCHODILATOR DEP
49397	49390	ASTHMA, STERIOD DEP

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
49398	49390	ASTHMA, EXERCISE INDUCED
49399	49390	ASTHMA, OCCUPATIONAL
495	4959	ALVEOLITIS, ALLERGIC, EXTRINSIC
49521	4952	PIGEON BREEDER'S LUNG
49591	4959	PNEUMONITIS, HYPERSENSITIVITY
4961	496	IMPACTION, MUCOID, TRACHEOBRONCHEAL
5011	5119	EFFUSION, PLEURAL, SECONDARY TO ASBESTOS
50781	515	PNEUMONITIS, INTERSTITIAL, DRUG INDUCED
508	5089	RESPIRATORY COND OTH UNSPEC EXT AGENTS
510	5109	EMPYEMA
511	5110	PLEURISY
5117	5119	EFFUSION, PLEURAL, SEC TO PNEUMOCONIOSIS
51181	5119	EFFUSION, PLEURAL, SEC TO MALIGNANCY
51182	5119	EFFUSION, PULMONARY, SEC TO MESOTHELIOMA
51183	5119	EFFUSION, PLEURAL, SECONDARY TO FUNGAL
51190	5119	EFFUSION, PLEURAL, UNSPEC
512	5128	PNEUMOTHORAX
5150	515	PNEUMONITIS, INTERSTITIAL
5151	5168	PNEUMONITIS, INTERSTITIAL, DESQUAMATIVE
516	5169	PNEUMONOPATHY, OTHER ALVEOLAR/PARIETOALVE
51681	5168	PNEUMONITIS, INTERSTITIAL, LYMPHOCYTIC
518	5188	LUNG DISEASE, OTHER
51880	4954	ASPERGILLOSIS, ALLERGIC BRONCHOPULMONARY
51881	5188	NODULE, PULMONARY
51911	5191	STENOSIS, TRACHEAL
51981	5198	OBSTRUCTION, UPPER AIRWAY
52400	5240	MICROGENIA
52401	5240	RECEDING CHIN (CONGENITAL)
52410	5241	RETROGNATHISM
52411	5241	ASYMMETRY OF MANDIBLE
52721	5272	PAROTITIS, ACUTE
52722	5272	PAROTITIS, CHRONIC
52761	5285	MUCOCELE, LIP
530	5309	ESOPHAGUS DISEASE
53010	5301	ESOPHAGITIS, INFECTIOUS
53012	5301	ESOPHAGITIS, CAUSTIC
53051	5305	MOTOR DISORDER, NON-SPECIFIC (ESOPHAGUS)
531	53190	ULCER, GASTRIC
5311	53110	ULCER, GASTRIC, ACUTE W/PERFORATION
5314	53140	ULCER, GASTRIC, W/HEMORRHAGE
53142	53140	ULCER, STOMACH, W/HEMORRH ONLY
5315	53150	ULCER, STOMACH, W/PERFOR ONLY
532	53290	ULCER, DUODENAL
5324	53240	ULCER, DUODENUM (W/HEMORRH ONLY)
5325	53250	ULCER, DUODENUM (W/PERFOR ONLY)
5329	53290	DUODENAL ULCER W/O HEMORRHAGE OR PERFORAT
533	53390	ULCER, PEPTIC, UNSPEC SITE
5339	53390	PEPTIC ULCER DIS NOS
53501	5350	GASTRITIS W/HEMORRHAGE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
53561	5353	DUODENITIS W/HEMORRHAGE
53680	5368	STASIS/RETENTION
53681	5368	ACID PEPTIC DISEASE
540	5409	APPENDICITIS, ACUTE
550	55090	HERNIA, INGUINAL
5501	55010	HERNIA, INGUINAL W/OBSTRUCTION W/O GANGRE
5509	55090	HERNIA, INGUINAL W/O OBSTRUCTION/GANGRENE
55091	55090	HERNIA, INGUINAL W/O OBSTRUCT UNILATERAL
5532	55320	HERNIA, VENTRAL
55380	5538	HERNIA, ABDOMINAL
555	5559	ENTERITIS/ILEITIS REGIONAL
5561	556	COLITIS, ULCERATIVE
55890	5589	GASTROENTERITIS
55891	5589	DIARRHEA
55892	5589	COLITIS, IDIOPATHIC
562	56210	DIVERTICULA OF INTESTINE
5620	56200	DIVERTICULUM, SMALL INTESTINE, NOS
564	5649	DIGESTIVE DISORDER, FUNCTIONAL, NEC
56490	5648	MOTILITY DISORDER, SMALL BOWEL
56491	5369	GI DISORDER, UNSPEC
565	5650	FISSURE/FISTULA, ANAL
567	5679	PERITONITIS
5688	56881	HEMOPERITONEUM
569	5699	INTESTINE DISORDERS, OTHER
56948	56949	PROCTITIS, NOS
5701	570	HEPATIC FAILURE, ACUTE
571	5719	CHRONIC LIVER DISEASE & CIRRHOSIS
5714	57140	HEPATITIS, CHRONIC
57142	0709	HEPATITIS, CHRONIC, ACTIVE, VIRAL
57221	5722	ENCEPHALOPATHY, HEPATIC
57331	5733	HEPATITIS, DRUG INDUCED
57332	5733	HEPATITIS, TOXIC
57391	5739	DYSFUNCTION, LIVER, ANTIBIOTIC ASSOCIATED
5740	57400	CHOLELITHIASIS W/CHOLECYSTITIS
5742	57420	CHOLELITHIASIS W/O CHOLECYSTITIS
5745	57450	CHOLEDOCHOLITHIASIS W/O CHOLECYSTITIS
575	5759	GALL BLADDER DISORDER, OTHER
57510	5751	CHOLECYSTITIS, CHRONIC
57610	5761	CHOLANGITIS, ACUTE
57611	5761	CHOLANGITIS, CHRONIC SCLEROSING
57781	5778	INSUFFICIENCY, PANCREATIC
57890	5789	BLEEDING, UPPER GI
57891	5789	BLEEDING, LOWER GI
57894	5789	ANOMALY, VASCULAR W/HEMORRHAGE
57895	5789	BLEEDING, OCCULT GI
57896	5789	BLEEDING, GI NOS
584	5849	RENAL FAILURE, ACUTE
5861	586	RENAL FAILURE, W/UREMIA
589	5899	KIDNEY, SMALL, UNKNOWN CAUSE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
5900	59000	PYELONEPHRITIS, CHRONIC
5901	59010	PYELONEPHRITIS, ACUTE
59390	5939	KIDNEY DISEASE NOS
59392	5939	RENAL DISORDER, UNSPEC
59393	59389	RENAL DISORDER, OBSTRUCTIVE
59394	5939	RENAL INSUFFICIENCY
595	5959	CYSTITIS
599	5999	URETHRA/URINARY TRACT DISORDER, OTHER
59901	5990	INFECTION, URINARY TRACT, CHRONIC
59951	5995	URETHROCELE/CYSTOCELE, MALE
5998	5999	GU DISORDER
601	6019	PROSTATITIS
603	6039	HYDROCELE
604	60490	ORCHITIS & EPIDIDYMITIS
606	6069	INFERTILITY, MALE
6078	60789	DISORDERS, PENIS, OTHER SPEC
608	6089	GENITAL ORGAN DISORDER, MALE, OTHER
60888	60889	MASS, SCROTAL
60892	6089	PAIN, TESTICULAR
610	6109	DYSPLASIA, MAMMARY, BENIGN
61010	6101	MASTITIS (CYSTIC), CHRONIC
61011	6101	FIBROCYSTIC DISEASE, BREAST
611	6119	BREAST DISORDER, OTHER
61101	6110	MASTITIS
61102	6110	ABSCESS, BREAST
61112	6111	HYPERPLASIA, BREAST
61113	6111	HYPERTROPHY, BREAST
61114	6111	MACROMASTIA
6117	61171	MASTODYNIA
61180	6118	DEFORMITY, BREAST
61181	6118	PTOSIS, BREAST
61191	6118	IMPLANTS/AUGMENTATION BREAST
6161	61610	VAGINITIS/VULVOVAGINITIS
61612	61610	VAGINITIS, NOS
61613	61610	VULVOVAGINITIS
61614	61610	VAGINITIS, GARDNERELLA
617	6179	ENDOMETRIOSIS
620	6209	OVARY/FAL TUBE/BROAD LIG NONINFLAM DISORD
62131	6213	HYPERPLASIA, ENDOMETRIAL ADENOMATOUS
62132	6213	HYPERPLASIA, ENDOMETRIAL CYSTIC
625	6259	PAIN, PELVIC
62591	6259	PAIN, VAGINAL
626	6269	MENSTRUATION & OTH BLEEDING DISORDER
62601	6260	AMENORRHEA, PRIMARY
62602	6260	AMENORRHEA, SECONDARY
62681	6268	DYSFUNCTION, MENSTRUAL
62711	6271	BLEEDING, POSTMENOPAUSAL W/HORMONAL THER
62712	6271	BLEEDING, POSTMENOPAUSAL W/O HORMON THER
628	6289	INFERTILITY, FEMALE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
633	6339	PREGNANCY, ECTOPIC
634	63490	ABORTION, SPONTANEOUS
6341	63410	ABORTION, SPONTANEOUS, EXCESSIVE HEMORRHA
635	63590	VOLUNTARY INTERRUPTION OF PREGNANCY
6373	63730	ABORTION, UNSPEC, COMP BY RENAL FAILURE
640	64093	HEMORRHAGE IN EARLY PREGNANCY
6400	64003	ABORTION, THREATENED
641	64113	ANTEPART HEMORR, ABRUPT PLACENT & PLACE
6410	64103	PLACENTA PREVIA W/O HEMORRHAGE
6411	64113	HEMORRHAGE FROM PLACENTA PREVIA
6420	64293	PREGNANCY COMPLICATION, HYPERTENSION DR B & VA
6424	64243	PRE-ECLAMPSIA, MILD
6425	64253	PRE-ECLAMPSIA, SEVERE
6430	64303	HYPEREMESIS GRAVIDARUM
644	64403	LABOR, PREMATURE
6441	64413	LABOR, FALSE
6442	64420	EARLY ONSET OF DELIVERY
6462	64623	PREGNANCY COMPLICATION, RENAL DISEASE
6466	64663	INFECTION, GENITOURINARY TRACT, PREGNANCY RELATED
64661	64763	PREGNANCY, COMPLICATION, HERPES GENITALIS
6467	64673	PREGNANCY, COMPLICATION, LIVER DISORDER
64675	64673	PREGNANCY, COMPLICATION, HEPATITIS
6468	64693	PREGNANCY COMPLICATION, OTHER
64681	64893	PREGNANCY, COMPLICATION, ENDOCRINE DISORDER
64682	64893	PREGNANCY, COMPLICATION, SEIZURE DISORDER
64683	64893	PREGNANCY, COMPLICATION, ASTHMA
6469	64693	PREGNANCY, COMPLICATION, NOS
64695	64893	DERMATOSIS, PREGNANCY
64696	64893	PREGNANCY, COMPLICATION, PULMONARY DISEASE
64761	64763	PREGNANCY COMPLICATION, OTHER VIRAL DISEA
6480	64803	PREGNANCY, COMPLICATION, DIABETES
6482	64823	PREGNANCY, COMPLICATION, ANEMIA
6486	64863	PREGNANCY, COMPLICATION, CARDIOVASCULAR DISEASE
6488	64883	DIABETES, GESTATIONAL
64891	64893	PREGNANCY, COMPLICATION, SYSTEMIC LUPUS ERYTHEMATO
64892	64893	PREGNANCY, COMPLICATION, GASTROINTESTINAL DISEASE
6522	65223	BREECH PRESENTATION W/O MENTION OF VERSIO
6523	65233	TRANSVERSE/OBLIQUE PRESENTATION
6530	65303	ABNORMALITY, MAJOR, BONY PELVIS
6537	65373	FETAL ABNORMALITY CAUSING DISPROPORTION,
6542	65423	CESAREAN SECTION, PREVIOUS
6545	65453	INCOMPETENT CERVIX
655	65583	FETAL ABNORMALITY, KNOWN/SUSPECTED
6553	65530	FETAL DAMAGE SUSPECTED FM VIRAL DISEASE I
6561	65613	ISOIMMUNIZATION, RH
6562	65623	ISOIMMUNIZATION, OTHER
6564	65643	FETAL DEATH IN UTERO
65655	65653	INTRAUTERINE GROWTH RETARDATION
6566	65663	FETAL GROWTH, EXCESSIVE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
657	65703	POLYHYDRAMNIOS/HYDRAMNIOS
6580	65803	OLIGOHYDRAMNIOUS
6581	65813	PREMATURE RUPTURE OF MEMBRANES
6662	66624	DELAYED & SECONDARY, POSTPARTUM HEMORRHAGE
66882	66884	ANESTHESIA COMPLICATN, DELIVRY W/POSTPART
6712	67123	THROMBOPHLEBITIS, SUPERFICIAL, PREG/PUERP
6732	67324	PREGNANCY, COMPLICATION, THROMBOEMBOLISM
674	67494	COMPLICATIONS OF PUERPERIUM
6741	67414	DISRUPTION, CESAREAN WOUND
6743	67434	COMPLICATION, OB SURGICAL WOUNDS, OTHER
675	67594	BREAST & NIPPLE INFECTIONS ASSOC W/CHILDBIRTH
6752	67524	MASTITIS, NONPURULENT
676	67634	BREAST DISORDER, OTHER
68091	6829	ABSCESS, PYODERMA
68092	6809	BOIL/CARBUNCLE/FURUNCLE
68093	6809	FURUNCLE (MAY WANT TO COMBINE WITH 6809)
681	6819	CELLULITIS/ABSCESS, FINGER/TOE
6810	68100	CELLULITIS, FINGER
6811	68110	CELLULITIS, TOE
68112	68111	PARONYCHIA TOE
682	6829	CELLULITIS/ABSCESS
68291	6829	ABSCESS
6854	7854	NECROSIS, SKIN
68611	6861	GRANULOMA, NOS
691	6918	DERMATITIS, ATOPIC
692	6929	DERMATITIS, CONTACT, NOS
6927	69270	DERMATITIS, CONTACT, SOLAR RADIATION
69272	69279	PHOTOSENSITIVE DISEASES, PHOTOALLERGIC
69273	69279	PHOTOSENSITIVE DISEASES, PHOTOTOXIC
69274	69279	PHOTOSENSITIVE DISEASES, POLYMORPHOUS LIGHT
69282	69289	SENSITIVITY, DYES, PRESERVATIVES & ADDITIVES
69291	6929	DERMATITIS, CONTACT, ALLERGIC
69292	6929	DERMATITIS, NOS
69293	6929	ECZEMA (NUMMULAR)
69294	6929	DERMATITIS, CONTACT, UNSPEC CAUSE
69295	6929	DERMATITIS, CONTACT, VULVA
69530	6953	ROSACEA/PERIORAL DERMATITIS
69531	6953	RHINOPHYMA
69540	6954	LUPUS ERYTHEMATOSUS, DISCOID
69541	6954	LUPUS ERYTHEMATOSUS, SUBACUTE
69587	69589	GRANULOMA, ANNULARE
6959	69589	DERMATITIS, EXFOLIATIVE
696	6961	PSORIASIS, NOS
698	6989	PRURITUS & RELATED CONDITIONS
69830	6983	LICHEN SIMPLEX, CHRONICUS
69831	6983	NEURODERMATITIS, LOCAL
70101	7010	LICHEN SCLEROSUS ET ATROPHICUS
70102	7010	MORPHEA
70103	7010	SCLERODERMA, LINEAR

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
70141	7014	SCAR, HYPERTROPHIC
70180	7018	AGING FACE, DERMATOCHALASIS
70181	7018	CUTIS LAXA, SENILIS
70182	7018	ELASTOSIS SENILIS
70183	7018	RHYTIDOSIS FACIALIS
70184	7018	CUTIS LAXA ABDOMEN
70185	7018	RHYTIDOSIS, PERIORAL
70190	7019	FLACID ATROPHY, CONGENITAL, FACE
70191	7019	FLACID ATROPHY, ACQUIRED, FACE
70192	7019	EXCESS OR REDUNDANT SKIN, EXTREMITIES
7020	702	KERATOSIS, SEBORRHEIC
7021	7011	KERATOSIS, OTHER
703	7039	NAIL DISEASE NEC
70381	7038	ONYCHAUXIS
704	7038	HAIR/HAIR FOLLICLE DISEASE
7040	70400	ALOPECIA
70480	7048	FOLLICULITIS
70481	7048	PSEUDOFOLLICULITIS BARBAE
70490	7011	KERATOSIS PILARIS
705	7059	SWEAT GLAND DISORDER
7058	70589	SWEAT GLAND DISORDER, OTHER
70610	7061	CYST, ACNE
70621	7062	CYST, PILAR
70622	7062	CYST, SEBACEOUS
70623	7062	TORRE SYNDROME (MULT SEBACEOUS TUMOR)
70624	7062	CYST, MUCOUS
70625	7062	CYST, EPIDERMAL, INCL MILIA
7065	7062	CYST
7072	7071	ULCERATION OF FOOT, DIABETIC ASSOCIATED
7073	7071	ULCERATION OF TOE, DIABETIC ASSOCIATED
708	7089	URTICARIA
70881	7085	URTICARIA, CHOLINERGIC
70882	7088	URTICARIA, RECURRENT
70883	7088	URTICARIA, ACUTE
70884	7088	URTICARIA, CHRONIC
70885	7088	URTICARIA, PHYSICAL
70886	7088	URTICARIA, INFECTIOUS
709	7099	SKIN/SUBCUTANEOUS TISSUE DISORDER, OTHER
70901	7090	CHLOASMA (MELASMA)
70902	7090	LENTIGO
70903	7090	PIGMENTATION, HYPER
70904	7090	PIGMENTATION, HYPO
70905	7090	TATTOO
70906	7090	VITILIGO
70921	7092	SCAR, ADHERENT
70922	7092	SCAR, ATROPHIC
70923	7092	CAPSULAR SCARRING, CAPSULAR (POST-AUGMENTATION)
70924	7092	SCAR, CONTRACTED
70925	7092	SCAR, PAINFUL

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
70926	7092	SCAR, FACE, NOS
70927	7092	DEFORMITY, FACIAL, COSMETIC, ACNE
70981	7098	CHAPPED SKIN
70991	7099	LYMPHOCYTOMA CUTIS
710	7109	CONNECTIVE TISSUE DISEASE, DIFFUSE
71012	7101	SCLERODERMA, CREST
71091	7108	MCTD/OVERLAP SYNDROMES
7110	71100	ARTHRITIS, SEPTIC
7115	0799	ARTHRITIS, VIRAL
7116	1179	ARTHRITIS, FUNGAL
7119	71190	ARTHRITIS, INFECTIOUS, UNSPEC
7122	2754	PSEUDOGOUT
7128	71280	ARTHROPATHY, HYDROXYAPETITE
7131	5699	ARTHRITIS, ENTEROPATHIC
71321	2827	ARTHROPATHY, HEMOGLOBINOPATHY
71322	2860	ARTHROPATHY, HEMOPHILIA
71323	28260	ARTHROPATHY, SICKLE CELL
7143	71430	POLYARTHRITIS, CHRONIC, JUVENILE
71434	71430	ARTHRITIS, JUVENILE RHEUMATOID, ADULT
7159	71590	OSTEOARTHROSIS, UNSPEC
71593	7213	OSTEOARTHRITIS, THORACIC, LUMBAR SPINE
71594	71592	OSTEOARTHRITIS, ELBOW
71599	71598	ARTHROSIS, BASAL JOINT
7161	71610	ARTHRITIS, TRAUMATIC
7165	71650	ARTHRITIS, POLYARTICULAR, UNSPEC
7166	71660	ARTHRITIS, MONOARTICULAR, UNSPEC
7169	71690	ARTHROPATHY, UNSPEC
717	7179	DERANGEMENT, INTERNAL KNEE
7178	71789	DERANGEMENT, INTERNAL KNEE, OTHER
7181	71810	JOINT, LOOSE BODY
7184	71840	CONTRACTURE, JOINT
71876	71886	INSTABILITY, KNEE, CHRONIC
7189	71890	DERANGEMENT, JOINT, UNSPEC
7190	71900	HYDRARTHROSIS
71902	71901	EFFUSION JOINT, SHOULDER
7191	71910	HEMARTHROSIS
7192	71920	SYNOVITIS, VILLONODULAR
7194	71940	ARTHRALGIA
71948	71945	PAIN, JOINT, BACK
7195	71950	JOINT STIFFNESS
7199	71990	JOINT DISORDER
720	7209	SPONDYLITIS, INFLAMMATORY, UNSPEC
72101	7210	SPONDYLOSIS, CERVICAL W/O MYELOPATHY
72131	7213	SPONDYLOSIS, LUMBOSACRAL
7219	72190	SPONDYLOSIS, UNSPEC SITE
72201	7220	HERNIATED NUCLEUS PULPOSUS, C4-5
72202	7220	HERNIATED NUCLEUS PULPOSUS, C5-6
72203	7220	HERNIATED NUCLEUS PULPOSUS, C6-7
72204	7220	HERNIATED NUCLEUS PULPOSUS, OTHER

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
72212	72210	DISPLACEMENT, LUMBAR/SACRAL DISC
72213	72210	HERNIATED NUCLEUS PULPOSUS, L3-4
72214	72210	HERNIATED NUCLEUS PULPOSUS, L4-5
72215	72210	HERNIATED NUCLEUS PULPOSUS, L5-S1
72216	72210	HERNIATED NUCLEUS PULPOSUS, OTHER LUMBAR
72217	7222	HERNIATED NUCLEUS PULPOSUS, RECURRENT
7225	72252	LUMBODORSAL DISC DEGENERATION
72341	7234	RADICULOPATHY, C5
72342	7234	RADICULOPATHY, C6
72343	7234	RADICULOPATHY, C7
72344	7234	RADICULOPATHY, OTHER CERVICOTHORACIC
72381	7238	CERVICAL FACET SYNDROME
724	7249	BACK DISORDER, OTHER & UNSPEC
7240	72400	STENOSIS, SPINAL, OTHER THAN CERVICAL
72403	72400	LATERAL RECESS SYNDROME
72411	7241	PAIN IN THORACIC SPINE
72421	7242	PAIN, LOW BACK W/O RADIATING SYMPTOMS
72422	7242	PAIN, LOW BACK W/RADIATING SYMPTOMS
72423	7242	PAIN, LOW BACK
72441	7244	RADICULITIS, THORACIC
72442	7244	RADICULOPATHY, L4
72443	7244	RADICULOPATHY, L5
72444	7244	RADICULOPATHY, S1
72445	7244	RADICULOPATHY, OTHER L-S
72461	7246	SACROILIAC DYSFUNCTION
726	72690	PERIPHERAL ENTHESOPATH & ALLIED SYNDROMES
7261	72610	ROTATOR CUFF SYNDROME
7263	72630	ENTHESOPATHY, ELBOW REGION
72641	7264	BURSITIS, HAND OR WRIST
72668	72669	ILIOTIBIAL BAND SYNDROME
7267	72670	ENTHESOPATHY, ANKLE & TARSUS
7269	72690	ENTHESOPATHY, UNSPEC
72692	72690	TENDINITIS
72693	72612	TENDINITIS, BICIPITAL
727	72709	SYNOVIUM/TENDON/BURSA DISORDER, OTHER
7270	72700	SYNOVITIS/TENOSYNOVITIS
72707	72700	TENOSYNOVITIS
72708	72709	SYNOVITIS/TENOSYNOVITIS, ELBOW
72710	7271	BUNION, 1ST METATARSAL
72711	7271	BUNION, 5TH METATARSAL
7274	7062	CYST, MYXOID COMBINE WITH MUCOUS CYST
7276	72760	RUPTURE OF TENDON, NONTRAUMATIC
7281	72819	MYOSITIS OSSIFICANS
72851	7285	SUBLUXING/HYPERMOBILE SHOULDER
7287	72879	FIBROMATOSES, OTHER
72886	72889	OVERUSE SYNDROME (SOFT TISSUE), LOWER LEG
72891	84212	INJURY, GAMEKEEPERS, THUMB
729	7299	SOFT TISSUE DISORDER, OTHER
72961	7296	RETAINED HARDWARE, KNEE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
7298	7295	PAIN, EXTREMITY (NOT JOINT)
72983	72989	UPPER EXTREMITY DISORDER
72984	72989	LOWER EXTREMITY DISORDER
72991	7299	MUSCULOSKELETAL SYNDROMES ASSOC W/MALIGNANCY
72992	7299	SOFT TISSUE DISORDERS
7300	73000	OSTEOMYELITIS, ACUTE
7301	73010	OSTEOMYELITIS, CHRONIC
7302	73020	OSTEOMYELITIS NOS
73220	7322	EPIPHYSIS, UPPER FEMORAL SLIPPED
73276	7327	OSTEOCHONDRITIS DISSECANS, KNEE
73277	7327	OSTEOCHONDRITIS DISSECANS, ANKLE
7330	73000	OSTEOPOROSIS
73311	7331	FRACTURE, PATHOLOGIC, FEMORAL SHAFT
73312	7331	FRACTURE, HIP, STRESS
73313	7331	FRACTURE, FOOT, STRESS
73314	7331	FRACTURE, LEG, STRESS
73315	7331	STRESS FRACTURE, BOOT TOP
73316	7331	STRESS FRACTURE, PUBIC RAMI
73317	7331	STRESS FRACTURE, FEMUR, MID-SHAFT
73318	7331	STRESS FRACTURE, FEMUR, DISTAL
7332	73320	BONE CYST
73383	73382	DELAYED UNION, LOWER LEG
73384	73382	PSEUDOARTHROSIS
7339	73390	BONE/CARTILAGE DISORDER, OTHER & UNSPEC
73392	7177	CHONDROMALCIA, KNEE
73393	73390	OSTEOPENIA
73397	73399	COSTOCHONDRITIS
73398	73399	SESAMOIDITIS
7367	73679	DEFORMITY, ANKLE/FOOT, ACQUIRED, OTHER
73678	73679	PODIATRIC CONDITIONS
73691	7369	DEFORMITY, EPIPHYSEAL
73696	7366	DEFORMITY, ROTATIONAL KNEE
73697	73689	DEFORMITY, ROTATIONAL LOWER LEG
737	7379	CURVATURE OF SPINE
7371	73710	KYPHOSIS, ACQUIRED
73728	73729	HYPERLORDOSIS
7373	73730	SCOLIOSIS/KYPHOSCOLIOSIS
73802	7380	DEFORMITY, NOSE, DEVELOPMENTAL
73811	7381	DEFORMITY, FACE, ACQUIRED
73812	5285	DEFORMITY, LIP, ACQUIRED
73841	7384	SPONDYLOLISTHESIS, DEGEN
73842	7384	SPONDYLOLISTHESIS W/O LYSIS
73881	7366	DEFORMITY, ANGULAR KNEE
739	7399	LESION. NONALLOPATHIC, NEC
7410	74100	SPINA BIFIDA W/HYDROCEPHALUS
7419	74190	SPINA BIFIDA W/O HYDROCEPHALUS
74191	74190	MENINGOMYELOCELE
7425	74259	ANOMALY, SPINAL CORD, OTHER SPEC
74255	74259	TETHERED CORD

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
74258	74259	MYELODYSPLASIA
74291	74190	ANOMALIES, NERVOUS SYSTEM, CONGENITAL
74292	7429	ANOMALY, BRAIN, CONGENITAL NOS
7434	74349	CONGENITAL ANOMALIES OF ANTERIOR SEGMENT
7436	74369	CONGENITAL ANOM, EYELIDS/LACRIM SYS/ORBIT
74408	3888	ATRESIA, AURAL, ACQUIRED
74428	74429	PROTRUDING EARS, CONGENITAL
74488	74489	ANOMALIES, MAXILLOFACIAL, NEC
74491	7449	DEFORMITY, FACE, CONGENITAL, NOS
745	74519	ANOMALIES, BULBUS CORDIS & CARDIAC SEPTAL
7456	74560	DEFECT, ENDOCARDIAL CUSHION
74652	7466	PROLAPSE, MITRAL VALVE W/REGURGITATION
7471	74710	COARCTATION OF AORTA
7478	74789	ANOMALY, CIRC SYS, CONG, OTHER SPEC
74780	74789	ANEURYSM, MULTIPLE
74782	74781	ANEURYSM, ANTERIOR COMM ART
74783	74781	ANEURYSM, POSTERIOR COMM ART
74784	74781	ANEURYSM, MID CEREBRAL ART
74785	74781	ANEURYSM, ANT CEREBRAL ART
74786	74781	ANEURYSM, OTHER ICA
74787	74781	ANEURYSM, BASILAR TIP
74788	74789	ANEURYSM, OTHER POST CIRC
7479	7476	MALFORMATION, ARTERIOVENOUS
7490	74900	CLEFT PALATE
7491	74910	CLEFT LIP
7492	74920	CLEFT PALATE/LIP
7501	75010	ANOMALIES, TONGUE, OTHER
75091	7509	ANOMALIES, OROPHARYNGEAL, NOS
75092	7509	DEFORMITY, LIP, CONGENITAL, NOS
75243	75240	ANOMALY, CERVIX, CONGENITAL
75249	7529	ANOMALY, GENITALIA FEMALE, CONGEN, NOS
75291	7529	ANOMALIES, GENITALIA, MALE, CONGEN, NOS
753	7539	ANOMALIES, URINARY SYSTEM, CONGENITAL
75311	7531	POLYCYSTIC KIDNEY DISEASE
75361	7536	ATRESIA, CONGENITAL, BLADDER & NECK
75362	7536	ATRESIA, CONGENITAL, URETHRA
75391	7539	ANOMALIES, KIDNEY, CONGENITAL, NOS
7543	75430	DISLOCATION, HIP, CONGENITAL
75436	75432	SUBLUXATION, HIP, CONGENITAL
7545	75459	VARUS DEFORMITY OF FOOT
7546	75469	VALGUS DEFORMITY OF FOOT
75478	75479	EQUINUS
7556	75569	ANOMALIES, LOWER LIMB
75568	75564	DISLOCATION, PATELLA, CONGENITAL
75570	75567	TARSAL COALITIONS
756	7569	ANOMALIES, MUSCULOSKETEL, OTH CONGENT
75601	7560	PSEUDO HYPERTELORISM
75602	7560	HYPERTELORISM
7561	75610	ANOMALIES, SPINE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
75618	75612	SPONDYLOLISTHESIS W/LYSIS
75671	7567	ANOMALIES OF SKULL/FACE BONES
75736	75739	POROKERATOSIS
75737	75739	HAILEY-HAILEY DISEASE
75738	75739	DARIER'S DISEASE
75761	7576	HYPOPLASIA, BREAST
75791	7579	NEVUS (NOT NEVOCELLULAR), NOS
758	7589	ANOMALIES, CHROMOSOMAL
75921	7592	LINGUAL THYROID
75980	7598	MARFAN'S SYNDROME
75981	7598	DEFECT, BIOCHEMICAL, HEREDITARY
76510	7651	PREMATURITY (SECONDARY VISUAL CONDITION)
76511	7651	PREMATURITY
778	7789	INTEGUMNT & TEMP REG COND-FETUS/NEWBORN
77841	7784	FEVER, < 3 MOS OF AGE
78020	7802	VASOVAGAL SYNCOPE
78031	7803	CONVULSION, FEBRILE
78042	7804	VERTIGO
7805	78050	SLEEP DISTURBANCE
78092	7809	PAIN, CHRONIC
78094	7809	AMNESIA, TRANSIENT GLOBAL
78095	7809	AMNESIA, NOS
78096	7809	PAIN, SECONDARY TO MALIGNANCY
781	7819	NERVOUS/MUSCULOSKELETAL SYSTEM SYMPTOM
78131	7813	HANDWRITING PROBLEM
78191	7819	DEFICIT, SENSORY, NEC
78192	7819	NEUROLOGICAL DISORDR NEC
78193	7819	NEUROLOGIC SYMPTOMS, ILL DEFINED
78194	7819	DEFICIT, CORTICAL, NOS
782	7829	SKIN SYMPTOMS
78201	7820	PARESTHESIA
78202	7820	HYPERESTHESIA
78341	7834	FAILURE TO GROW/THRIVE
78342	7834	SHORT STATURE
78401	7840	HEADACHE, MUSCULOSKELETAL
78403	7840	HEADACHE, POST-TRAUMATIC
78421	7842	MASS, NECK, CYSTIC
78422	7842	MASS, NECK, NOS
78431	7843	APHASIA, BROCA'S
78432	7843	APHASIA, WERNICKE'S
78433	7843	APHASIA, CONDUCTION
78434	7843	APHASIA, GLOBAL
78435	7843	APHASIA, NOS
78436	7843	MUTISM
7844	78440	VOICE DISORDER NEC
78442	78449	RESONATORY PROBLEM
78447	78449	DYSPHONIA
78448	78449	HOARSENESS
78451	7845	DYSARTHRIA

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
78452	7845	RATE PROBLEMS
78453	7845	ARTICULATION DISORDER
78454	7845	FOREIGN ACCENT
78455	7845	DEPRESSED LANGUAGE SKILLS
78456	7845	DEAF SPEECH
78457	7845	DYSPHASIA
78462	78461	DYSLEXIA
78468	78469	APRAXIA
78491	7849	TONGUE THRUSTING
78540	7854	GANGRENE, DRY, NON-DIABETIC
78541	7854	GANGRENE, DRY, DIABETIC
78542	7854	GANGRENE, MOIST, NON-DIABETIC
78543	7854	GANGRENE, MOIST, DIABETIC
78561	7856	LYMPHADENOPATHY, CERVICAL
78562	7856	LYMPHADENOPATHY, INGUINAL
786	7869	RESPIRATORY SYSTEM & OTHER CHEST SYMPTOMS
7860	78600	DYSPNEA
78604	78609	WHEEZE
78631	7863	HEMORRHAGE, PULMONARY
7865	78650	PAIN, CHEST
78653	78651	PRECORDIAL CATCH
788	7889	URINARY SYSTEM SYMPTOMS
78801	7880	URETERAL COLIC
78831	7883	ENURESIS
78832	7883	INCONTINENCE, STRESS, MALE
7886	7881	DIFFICULTY VOIDING
789	7899	ABDOMEN/PELVIS SYMPTOMS
78901	7890	COLIC, INFANTILE
78931	7893	MASS, ADNEXAL
78932	7893	MASS, PELVIC
79060	7906	HYPERGLYCEMIA
79061	7906	HYPERURICEMIA
79191	7919	URINE TEST, SEDIMENT ABNORMALITY
79551	V011	TUBERCULOSIS CONTACT
796	7964	CLINICAL FINDINGS, ABNORMAL, NON-SPEC
79901	7990	HYPOXEMIA
7995	7955	TUBERCULIN SKIN TEST, POSITIVE
7998	7589	CHROMOSOMAL DISORDER
79981	7800	DROWSINESS
79982	797	CONFUSION
79983	7807	WEAKNESS
79990	7999	DX/COND DEFER AXIS I/II
800	80000	FRACTURE, SKULL VAULT
8000	80000	FRACTURE, SKULL, VAULT W/O INTRACRAN INJ
801	80100	FRACTURE, SKULL BASE
8010	80100	FRACTURE, SKULL, BASE W/O INTRACRAN INJ
802	8028	FRACTURE, FACIAL BONES
8022	80220	FRACTURE, MANDIBLE
80241	8024	FRACTURE, MALAR BONE

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
80242	8024	FRACTURE, ZYGOMA
80281	8028	FRACTURE, ORBIT
8030	80300	FRACTURE, SKULL NOS
8050	80500	FRACT, VERT COL W/O SPINE CD INJ CER CLOSD
8060	80600	FRACT, VERT COL W/SPIN CODE INJ CERV CLOSD
8062	80620	FRACT, VERT COL W/SPIN CODE INJ THOR CLOSD
8070	80700	FRACTURE, RIBS, CHEST TRAUMA (CLOSED)
808	8088	FRACTURE, PELVIS
8100	81000	FRACTURE, CLAVICLE (CLOSED)
8101	81010	FRACTURE, CLAVICLE (OPEN)
8110	81100	FRACTURE, SCAPULA (CLOSED)
8111	81110	FRACTURE, SCAPULA, OPEN
8124	81240	FRACTURE, HUMERUS, LOWER (CLOSED)
8130	81300	FRACTURE, RADIUS/ULNA, UPPER END, CLOSED
8134	81340	FRACTURE, RADIUS, DISTAL THIRD (CLOSED)
8140	81400	FRACTURE, CARPAL BONES, CLOSED
8160	81600	FRACTURE, ONE OR MORE PHALANGES OF HAND,
820	8209	FRACTURE, FEMORAL NECK
8210	82100	FRACTURE, FEMUR (CLOSED)
82102	82101	FRACT, FEMORAL SHAFT, PROXIMAL (CLOSED)
82103	82101	FRACTURE, FEMORAL SHAFT, MID, (CLOSED)
82104	82101	FRACT, FEMORAL SHAFT, COMMINUTED (CLOSED)
8212	82120	FRACTURE, FEMUR, LOWER END, CLOSED
8215	82100	FRACTURE, FEMUR, UNSPEC
8230	82300	FRACTURE, TIBIAL SPINE (CLOSED)
8234	82381	FRACTURE, SESAMOID, FIBULAR
8235	82380	FRACTURE, SESAMOID, TIBIAL
82361	82390	FRACTURE, TIBIA/FIBULA UNSPEC
8238	82380	FRACTURE, LOWER LEG, NOS (CLOSED)
825	82520	FRACTURE, ONE/MORE TARSAL & METATARSAL
82526	82529	FRACTURE, TRANS-TALUS DOME
82527	82525	JONES-STYLOID FX 5TH MET
829	8290	FRACTURE, NOS (CLOSED)
830	8300	DISLOCATION, JAW
831	83100	DISLOCATION, SHOULDER
832	83200	DISLOCATION, ELBOW
833	83300	DISLOCATION, WRIST
834	83400	DISLOCATION, FINGER
835	83500	DISLOCATION, HIP
836	83650	DISLOCATION, KNEE
83621	8362	TEAR LIGAMENT, ANT CRUCIATE
83622	8362	TEAR LIGAMENT, POST CRUCIATE
839	8398	DISLOCATION, SITE, NOS (CLOSED)
8390	83900	DISLOCATION, CERVICAL, CLOSED
8392	83920	DISLOCATION, THORACOLUMBAR, CLOSED
83981	8398	DISLOCATION, ARM
84091	8409	STRAIN, UPPER ARM
84092	8409	STRAIN/OVERUSE, SHOULDER
84191	8419	STRAIN, FOREARM

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
8420	84200	SPRAIN, WRIST
8421	84210	SPRAIN, HAND
84392	8439	STRAIN, HIP
84393	8439	STRAIN, THIGH
8444	8448	SHIN SPLINTS
84491	8449	STRAIN, LOWER LEG
84492	8449	SPRAIN, KNEE
845	84500	SPRAIN/STRAIN, ANKLE/FOOT
8450	84500	SPRAIN/STRAIN, ANKLE
8451	84510	SPRAIN/STRAIN, FOOT
848	8489	SPRAIN/STRAIN, SITE NOS
8487	8489	LACERATION, TENDON
84891	8489	SPRAIN/STRAIN, JOINT (LIGAMENTS)
84892	8489	SPRAIN/STRAIN, MUSCLES & TENDONS
850	8509	CONCUSSION, ACUTE, NOS
8506	8500	CONCUSSION, CEREBRAL
851	85180	CEREBRAL CONTUSION/LACERATION
8518	85180	LACERATN & CONTUSN, CEREBRAL W/O IC WOUND
8520	85200	HEMORRHAGE FOLLOW INJ, SUBARACHNOID,CLOSED
8522	85220	HEMORRHAGE FOLLOW INJ, SUBDURAL (HEMATOMA)
8524	85240	HEMORRHAGE FOLLOW INJ, EPIDURAL (HEMATOMA)
8526	85220	HEMATOMA, SUBDURAL
8527	85240	HEMATOMA, EPIDURAL
8530	85300	HEMATOMA, INTRACRANIAL FOLLOW INJ (CLOSED)
8532	85300	HEMATOMA, INTRACEREBRAL
854	85400	INTRACRANIAL INJURY, UNSPEC
8540	85400	INJURY, INTRACRANIAL, CLOSED
8541	85410	INJURY, HEAD (OPEN)
8542	85410	CRANIOCEREBRAL GUNSHOT WOUND
8543	85400	HEAD TRAUMA (CLOSED)
860	8604	PNEUMOTHORAX/HEMOTHORAX, TRAUMATIC, NOS
8650	86500	INJURY, SPLEEN W/O OPEN WOUND INTO CAVITY
869	8690	MULTIPLE TRAUMA, EXTREME, INTERNAL
8720	87200	WOUND, OPEN, EXTERNAL EAR W/O COMPLICATIO
87203	87201	AMPUTATION, AURICULAR
8721	87210	WOUND, OPEN, EXTERNAL EAR, COMPLICATED
8732	87320	LACERATION, NOSE
876	8760	OPEN WOUND OF BACK
87981	8798	LACERATION, SIMPLE (<2 INCH)
87982	8798	LACERATION, SIMPLE (>2 INCH)
87987	8798	WOUND, PUNCTURE
87988	8798	WOUND, STAB
87989	8798	WOUND, GUNSHOT
87991	8799	AMPUTATION, TRAUMATIC, OPEN WOUND
87995	8798	BITE, ANIMAL
87996	9249	BITE, HUMAN
8800	88009	WOUND, OPEN, SHOULDER/UPPER ARM W/O COMP
881	88100	WOUND, OPEN, ELBOW/FOREARM/WRIST
8810	88100	WOUND, OPEN, ELBOW/FOREARM/WRIST W/O COMP

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
882	8820	WOUND, OPEN, HAND, EXCEPT FINGER(S) ALONE
8835	8830	INJURY, SOFT TISSUE, FINGERNAIL
885	8850	AMPUTATION, THUMB, TRAUMATIC
886	8860	AMPUTATION FINGER(S) TRAUMATIC
8878	8870	AMPUTATION, HAND, TRAUMATIC
8879	8874	AMPUTATION, ARM, TRAUMATIC
890	8900	WOUND, OPEN, HIP/THIGH
900	9009	INJURY, BLOOD VESSELS, HEAD/NECK
9000	90000	INJURY, CAROTID ARTERY
90033	7999	OTHER UNK CAUSE MORBIDITY/MORTALITY
9044	90440	INJURY, POPLITEAL BLOOD VESSELS
910	9108	INJURY, SUPERFICIAL, FACE/NECK/SCALP
911	9118	INJURY, SUPERFICIAL, TRUNK
91181	9118	SUPERFICIAL INJURY, PERINEUM
913	9139	INJURY, SUPERFICIAL, ELBOW/FOREARM/WRIST
914	9148	INJURY, SUPERFICIAL, HAND, EXCEPT FINGER
916	9168	INJURY, SUPERFICIAL, HIP, THIGH, LEG, ANK
9169	8798	BITE, NON-VENOMOUS SNAKE
917	9178	INJURY, SUPERFICIAL, FOOT & TOE(S)
918	9189	SUPERFICIAL INJURY, EYE & ADNEXA
91811	9181	ABRASION, CORNEAL
919	9198	INJ, SUPERFICIAL (INC ABRASION, BLISTER)
9200	920	HEMATOMA, NASAL SEPTAL
921	9219	CONTUSION OF EYE AND ADNEXA
92241	9224	CONTUSION, VULVA
923	9239	CONTUSION, UPPER LIMB
9231	92310	CONTUSION, ELBOW/FOREARM
9232	92320	CONTUSION, UPPER LIMB, WRIST/HAND
924	9249	CONTUSION, LOWER LIMB & UNSPEC SITES
9242	92420	CONTUSION, ANKLE & FOOT, EXCLUDING TOE(S)
930	9309	FOREIGN BODY, EYE, EXTERNAL
940	9409	BURN CONFINED TO EYE & ADNEXA
9440	94408	BURN, WRIST/HANDS, UNSPEC DEGREE
945	94500	BURN, LOWER LIMB
949	9490	BURN, NOS
9496	9490	BURN, CHEMICAL
94971	94800	BURN, THERMAL, <5% BODY SURFACE
94972	94810	BURN, THERMAL, 6-15% BODY SURFACE
94973	94810	BURN, THERMAL, 16% OR MORE BODY SURFACE
950	9509	INJURY TO OPTIC NERVE & PATHWAYS
951	9518	INJURY TO OTHER CRANIAL NERVES (EXC II)
95101	9519	INJ, CRANIAL NERVE (S)3-12 (NONIATROGENIC)
952	9529	INJURY, SPINAL CORD, W/O BONE INJURY
953	9539	INJURY, NERVE ROOTS & SPINAL PLEXUS
95340	9534	INJURY, BRACHIAL PLEXUS, TRAUMATIC
95341	9534	INJURY, BRACHIAL PLEXUS, OTHER
955	9559	INJURY, PERIPHERAL NERVE(S) UPPER EXTREM
956	9569	INJURY, PERIPHERAL NERVE(S) LOWER EXTREM
95790	3449	PARALYSIS, TRAUMATIC NOS

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
95791	9579	INJURY, PERIPHERAL NERVE
95792	9579	REPAIR, PERIPHERAL NERVE
95880	9588	COMPARTMENT SYNDROME, NOS
95881	9588	COMPARTMENT SYNDROME, ACUTE
95882	9588	COMPARTMENT SYNDROME, CHRONIC
959	9599	INJURY, OTHER, UNSPEC
95900	9590	TRAUMA, NOSE
95901	9590	TRAUMA, NECK W/ORGAN INVOLVEMENT
95902	9590	TRAUMA, NECK W/O ORGAN INVOLVEMENT
95905	47830	INJ, TRAUMATIC/ACUTE VOCAL CORD PARALYSIS
95906	9590	TRAUMA, EAR
95971	9597	INJURY/PAIN, KNEE, NOS
95990	9599	SEXUAL ASSAULT
95991	9599	SUICIDE ATTEMPT
95992	9599	INJURY, TRAUMATIC, NOS
95994	9598	INJURY, OTHER BONE & JOINT
977	9779	OVERDOSE, MEDICINE, ACCIDENTAL/DELIBERATE
9775	9779	INGESTION, ACCIDENTAL
9776	9779	OVERDOSE, SUICIDE ATTEMPT
980	9809	TOXIC EFFECT, ALCOHOL
982	9828	TOXIC EFFECT, SOLVENTS NONPETROLEUM BASED
983	9831	TOXIC EFF, AROMATICS/ACIDS/CAUSTIC ALKALI
98391	9831	INGESTIONS, CAUSTIC/ACID
984	9849	TOXIC EFFECT, LEAD
987	9879	TOXIC EFFECT, OTHER GASES, FUMES & VAPORS
9880	6931	ALLERGY, FOOD, FISH & SHELLFISH
9889	6931	ALLERGY, FOOD, UNSPEC
989	9899	TOXIC EFFECT, CHEMICALS NEC
98951	9895	ALLERGY, FIREANT
98952	9895	HYMENOPTERA HYPERSENSITIVITY
98954	9194	INSECT BITE/STING
99002	990	EFFECTS OF RADIATION, UNSPECIFIED
993	9939	EFFECTS OF AIR PRESSURE
99501	9950	ANAPHYLAXIS, EXERCISE
99502	9950	ANAPHYLAXIS, MISCELLANEOUS
99521	9952	DRUG HYPERSENSITIVITY, ASPIRIN
99522	9952	DRUG HYPERSENSITIVITY, SULFITE
99523	9952	DRUG HYPERSENSITIVITY, PENICILLIN
99524	9952	DRUG HYPERSENSITIVITY, RADIOCONTRAST MEDIA
99525	9952	DRUG HYPERSENSITIVITY, INSULIN
99582	99581	PARENT/OTHER ADULT ABUSE/NEGLECT
99604	99602	MALFUNCTION, PROSTHETIC VALVE, AORTIC
99605	99602	MALFUNCTION, PROSTHETIC VALVE, MITRAL
99606	99602	MALFUNCTION, PROSTHETIC VALVE, PULMONIC
99607	99602	MALFUNCTION, PROSTHETIC VALVE, TRICUSPID
99621	9962	SHUNT MALFUNCTION
99641	9964	PSEUDARTHROSIS/BROKEN RODS
99661	9966	SHUNT INFECTION
99681	9968	COMPLICATION, RENAL TRANSPLANT

APPENDIX C, ACDB EXTENDED DIAGNOSIS CODES WITH CONVERSIONS TO ICD-9-CM, CONTINUED

EXTCD	ICD-9-CM	DESCRIPTION
997	9979	COMPLICATION, AFFECTING BODY SYSTEM, NEC
9977	9999	COMPLICATION, MEDICAL
998	9989	COMPLICATION, SURGICAL PROCEDURE
9982	9973	PNEUMOTHORAX, IATROGENIC
99891	9999	COMPLICATION, HEMODIALYSIS
99892	9999	COMPLICATION, PERITONEAL DIALYSIS
999	9999	COMPLICATION, MEDICAL CARE
99901	9999	COMPLICATION, VACCINATION, NOS

APPENDIX D

MORE SPECIFIC AMBULATORY CARE DATA BASE (ACDB) DIAGNOSIS CODES BY CLINIC USED INSTEAD OF V655 - NO PROBLEM NOTED

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APPENDIX D

More Specific Ambulatory Care Data Base (ACDB) Diagnosis Codes By Clinic Used Instead of V655 = NO PROBLEM NOTED

UCA CODE & CLINIC	ICD-9-CM	DESCRIPTION
BAAA INTERNAL MEDICINE	V700	ROUTINE GENERAL MEDICAL EXAM
BABA ALLERGY CLINIC	V718	OBSERVATION FOR OTHER SPECIFIED CONDITIONS
BACA CARDIOLOGY	V717	OBSERVATION FOR SUSPECTED CARDIOVASCULAR DISEASE
BAEA DIABETIC CLINIC	25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNSPECIFIED
BAFA ENDOCRINOLOGY	V718	OBSERVATION OF OTHER SPECIFIED CONDITIONS
BAHA HEMATOLOGY	V123	DISEASES OF BLOOD AND BLOOD-FORMING ORGANS
BAIA HYPERTENSION	4019	ESSENTIAL HYPERTENSION, UNSPECIFIED
BAJA NEPHROLOGY	V718	OBSERVATION FOR UNSPECIFIED SUSPECTED CONDITION
BAKA NEUROLOGY	V124	DISORDERS OF THE NERVOUS SYSTEM AND SENSE ORGANS
BAMA ONCOLOGY	V718	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS
BANA PULMONARY	V718	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS
BAOA RHEUMATOLOGY	V718	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS
BAPA DERMATOLOGY	V133	DISEASES OF SKIN AND SUBCUTANEOUS TISSUE
BAQA INFECTIOUS DISEASE	V120	INFECTIOUS AND PARASITIC DISEASES
BBAA GENERAL SURGERY	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BBAB PAIN CONTROL	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT
BBBA CARDIOVASCULAR/THORACIC	V670	FOLLOW-UP EXAM FOLLOWING SURGERY

APPENDIX D (Continued)

More Specific Ambulatory Care Data Base (ACDB) Diagnosis Codes by Clinic Used Instead of V655 = NO PROBLEM NOTED (Continued)

UCA CODE & CLINIC	ICD-9-CM	DESCRIPTION
BBCA NEUROSURGERY	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BBDA OPHTHALMOLOGY	V720	EXAMINATION OF EYES AND VISION
BBFA OTORHINOLARYNGOLOGY (ENT)	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BBGA PLASTIC SURGERY	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BBHA PROCTOLOGY	V718	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS
BBIA UROLOGY	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT
BBJA PEDIATRIC SURGERY	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BCAA FAMILY PLANNING	V2509	CONTRACEPTIVE MANAGEMENT, OTHER
BCBA GYNECOLOGY	V670	FOLLOW-UP EXAM FOLLOWING SURGERY
BCCA OBSTETRICS	V221	SUPERVISION OF OTHER NORMAL PREGNANCY
BCCB ANTEPARTUM	V221	SUPERVISION OF OTHER NORMAL PREGNANCY
BCCC MIDWIFERY SERVICES	V221	SUPERVISION OF OTHER NORMAL PREGNANCY
BDAA PEDIATRIC	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT
BDBA ADOLESCENT	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT
BDCA WELL BABY	V202	ROUTINE INFANT OR CHILD HEALTH CHECK
BDZA EXCEPTIONAL MEMBER PROGRAM	V619	UNSPECIFIED FAMILY CIRCUMSTANCES
BEAA ORTHOPEDIC	V670	FOLLOW-UP EXAM, FOLLOWING SURGERY
BECA HAND SURGERY	V670	FOLLOW-UP EXAM, FOLLOWING SURGERY
BEDA NEUROMUSCULOSKELETAL	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT

APPENDIX D (Continued)

More Specific Ambulatory Care Data Base (ACDB) Diagnosis Codes by Clinic Used Instead of V655 = NO PROBLEM NOTED (Continued)

UCA CODE & CLINIC	ICD-9-CM	DESCRIPTION
BEFA PODIATRY	V6759	FOLLOW-UP EXAM FOLLOWING OTHER TREATMENT
BFEA SOCIAL WORK	V629	UNSPECIFIED PSYCHOSOCIAL CIRCUMSTANCE
BHCA OPTOMETRY	V720	EXAMINATION OF EYES AND VISION
BHCH TMC 11 OPTOM (FT BRAGG)	V720	EXAMINATION OF EYES AND VISION
BHDA AUDIOLOGY	V721	EXAMINATION OF EARS AND HEARING
BAGA GASTROENTEROLOGY	V718	OBSERVATION FOR OTHER SPECIFIED SUSPECTED CONDITIONS
BALA NUTRITION	V653	DIATARY SURVEILLANCE AND COUNSELING
BHCI TMC FT CAMP OPTOMETRY	V720	EXAMINATION OF EYES AND VISION
BHEA SPEECH PATHOLOGY	V728	UNSPECIFIED EXAMINATION

LEAVE BIYA, EMERGENCY ROOM, AS V655, ALL REMAINING CLINICS (OTHER THAN THOSE ABOVE) MAP TO V700

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APPENDIX E

PART 1 - PAC CLINIC CONVERSION CODES

PART 2 - PAC PROVIDER JOB CODE CONVERSION CODES

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APPENDIX E, Part 1

UCA	ACDB CLINIC	PAC CODE	PAC CLINIC
BAAA	Internal Medicine		
	Age 18 and over	914	General Medicine
	Age under 18	936	Pediatric General Medicine
BABA	Allergy		
	Age 18 and over	915	Allergy
	Age under 18	937	Pediatric Allergy
BAEA	Diabetic		
	Age 18 and over	903	Diabetic
	Age under 18	961	Pediatric Diabetic
BAFA	Endocrinology		
	Age 18 and over	902	Endocrinology
	Age under 18	944	Pediatric Endocrinology
BAGA	Gastroenterology	930	Gastroenterology
BAHA	Hematology		
	Age 18 and over	926	Hematology
	Age under 18	939	Pediatric Hematology
BAIA	Hypertension	925	Hypertension
BAJA	Nephrology		
	Age 18 and over	954	Nephrology
	Age under 18	941	Pediatric Nephrology
BAKA	Neurology		
	Age 18 and over	931	Neurology
	Age under 18	938	Pediatric Neurology
BALA	Nutrition	909	Nutrition
BAMA	Oncology	933	Cancer Detection
BAOA	Rheumatology	917	Rheumatology
BAMB	Chemotherapy	934	Oncology-Therapy
BANA	Pulmonary Disease		
	Age 18 and over	929	Pulmonary
	Age under 18	942	Pediatric Pulmonary

APPENDIX E, Part 1 (Continued)

UCA	ACDB CLINIC	CODE	PAC CLINIC
BAPA	Dermatology		
	Age 18 and over	956	Dermatology
	Age under 18	960	Pediatric Dermatology
BAQA	Infectious Disease	966	Infectious Disease
BBAA	General Surgery	952	General Surgery
BBBA	Cardiovascular/Thoracic	928	Cardiovascular
BBDA	Ophthalmology	958	Ophthalmology
BBFA	Otorhinolaryngology	935	ENT
BBIA	Urology	953	Urology
BBJA	Pediatric Surgery	962	Pediatric Surgery
BCAA	Family Planning	906	Family Planning
BCBA	Gynecology	905	Gynecology
BCCA	Obstetrics	904	Obstetrics
BDAA	Pediatric	936	Pediatric General Medicine
BEAA	Orthopedic		
	Age 18 and over	950	Orthopedic
	Age under 18	943	Pediatric Orthopedic
BEFA	Podiatry	918	Podiatry
BFAA	Psychiatry	*973	Psychiatry
BHAA	Primary Care (ACC/AMIC)	*971	Primary Care
BHCA	Optometry	919	Eye
BHEA	Speech Pathology	921	Speech Therapy
BGYA	Family Practice	*972	Family Practice
DHBA	Occupational Therapy	923	Occupational Therapy
DHDA	Physical Therapy	920	Physical Therapy
FBBA	Preventive Medicine	966	Infectious Disease

APPENDIX E, Part 1 (Continued)

ACDB UCA	CLINIC	PAC CODE	CLINIC
DDAA	Electrogardiograph	927	Cardiology
BHDA	Audiology	935	ENT
BHAE	Troop Medical Clinic	914	General Medicine
BHBE	Physical Exam/TMC Redstone	914	General Medicine
BFDA	Mental Health/Community Mental Health	*974	Community Mental Health
FBGA	Occupational Health	*975	Occupational Health
BEBA	Cast	950	Orthopedic
FBAA	Community Hlth Services	*976	Community Health Services
BHGA	Occupational Health	*975	Occupational Health
BAAB	Internal Medicine Subclinic (Ft Bragg)	914	General Medicine
BACA	Cardiology		
	Age 18 and over	927	Cardiology
	Age under 18	940	Pediatric Cardiology
BBAB	Pain Control	*971	Primary Care
BBBB	Peripheral Vascular	928	Cardiovascular
BBCA	Neurosurgery	932	Neurosurgery
BBGA	Plastic Surgery	951	Surgical, Minor
BBHA	Proctology	951	Surgical, Minor
BCCB	Antepartum	904	Obstetric
BDBA	Adolescent	936	Pediatric General Medicine
BDCA	Well Baby	936	Pediatric General Medicine
BDZA	Exceptional Family Member Program	936	Pediatric General Medicine
BEEA	Ortho Appliance Brace	950	Orthopedic

APPENDIX E, Part 1 (Continued)

ACDB UCA	ACDB CLINIC	PAC CODE	PAC CLINIC
BFBA	Psychology	*977	Psychology/Child Guidance/ Social Work/AFAP
BFCA	Child Guidance	*977	Psychology/Child Guidance/ Social Work/AFAP
BFEA	Social Work	*977	Psychology/Child Guidance/ Social Work/AFAP
BHAF	TMC	*971	Primary Care
BHBA	Medical Exam	914	General Medicine
BJYA	Emergency Room	*970	Emergency Room
BJYA	Flight Medicine	*971	Primary Care
DCBA	Radiotherapy	*978	Radiotherapy/Nuclear Medicine/ Special Procedure
DDAB	Special Procedure	*978	Radiotherapy/Nuclear Medicine/ Special Procedure
DHAA	Inhalation/Respiratory	929	Pulmonary
DHCA	Physical Medicine	914	General Medicine
DIYA	Nuclear Medicine	*978	Radiotherapy/Nuclear Medicine/ Special Procedure
FBCA	Community Health Service	*975	Occupational Health
BCCC	Midwifery	904	Obstetrics
BCCD	Pre-labor/Delivery	904	Obstetrics
BEDA	Neuromuscular	920	Physical Therapy
BFEB	Family Advocacy Program	*977	Psychology/Child Guidance/ Social Work/AFAP
BGYI	Family Practice Subclinic at Ft Bragg	*972	Family Practice
BGYN	Family Practice TMC at Ft Bragg	*972	Family Practice

APPENDIX E, Part 1 (Continued)

ACDB UCA	ACDB CLINIC	PAC CODE	PAC CLINIC
BHAB	Wellness/Fitness	*971	Primary Care
BHAC	PES - Sick Call	*971	Primary Care
BHAG	TMC	*971	Primary Care
BHAH	TMC	*971	Primary Care
BHAI	TMC	*971	Primary Care
BHAJ	TMC	*971	Primary Care
BHAK	TMC	*971	Primary Care
BHAL	TMC	*971	Primary Care
BHAM	TMC	*971	Primary Care
BHCI	Optometry (TMC)	919	Eye
BHDI	Audiology TMC at Ft Campbell	935	ENT
DDBA	Special Procedure	*978	Radiotherapy/Nuclear Medicine/ Special Procedure
DDDA	Unknown	929	Pulmonary
DHXC	Special Procedure	*978	Radiotherapy/Nuclear Medicine/ Special Procedure
FAEA	ADAPCP	*979	Miscellaneous
FBIA	Immunization	915	Allergy
FBGC	PES/Occ Phy Exams	*971	Primary Care
FBGS	Safety/Welfare	*971	Primary Care
FEAA	Patient Transportation	*979	Miscellaneous
FBGQ	Occupational Health (Memphis)	*975	Occupational Health
FBIB	Immunization (Peds)	937	Pediatric Allergy
SBAE	Battalion Aid Station (Ft Campbell)	*971	Primary Care

APPENDIX E, Part 1 (Continued)

UCA	ACDB CLINIC	PAC CODE	PAC CLINIC
SCAA	Battalion Aid Flight Medical Station (Ft Polk)	*971	Primary Care
SBAF	Battalion Aid Station	*971	Primary Care
SBAG	Battalion Aid Station	*971	Primary Care
SBAH	Battalion Aid Station	*971	Primary Care
SBAI	Battalion Aid Station	*971	Primary Care
SBAJ	Battalion Aid Station	*971	Primary Care
SBAK	Battalion Aid Station	*971	Primary Care
SBAL	Battalion Aid Station	*971	Primary Care
SBBE	Battalion Aid Station	*971	Primary Care
SBBF	Battalion Aid Station	*971	Primary Care
SBCE	Battalion Aid Station	*971	Primary Care
SBBG	Battalion Aid Station	*971	Primary Care
SBBH	Battalion Aid Station	*971	Primary Care
SBBI	Battalion Aid Station	*971	Primary Care
SBBK	Battalion Aid Station	*971	Primary Care
SBBL	Battalion Aid Station	*971	Primary Care
SBCG	Battalion Aid Station	*971	Primary Care
SBCH	Battalion Aid Station	*971	Primary Care
SBCI	Battalion Aid Station	*971	Primary Care
SBCK	Battalion Aid Station	*971	Primary Care
SBCL	Battalion Aid Station	*971	Primary Care
SBDG	Battalion Aid Station	*971	Primary Care
SBDH	Battalion Aid Station	*971	Primary Care
SBDI	Battalion Aid Station	*971	Primary Care

APPENDIX E, Part 1 (Continued)

ACDB UCA	ACDB CLINIC	PAC CODE	PAC CLINIC
SBEE	Battalion Aid Station	*971	Primary Care
SBEG	Battalion Aid Station	*971	Primary Care
SBEH	Battalion Aid Station	*971	Primary Care
SBFG	Battalion Aid Station	*971	Primary Care
SBGG	Battalion Aid Station	*971	Primary Care
SBCF	Battalion Aid Station	*971	Primary Care
SBDE	Battalion Aid Station	*971	Primary Care

* New PAC code created.

APPENDIX E - Part 2

MOS/Job Code	ACDB Job Title	PAC Job Code	PAC Job Title
60E	General Medicine Officer	01	General Practice Physician
61H	Family Physician	01	General Practice Physician
62A	Emergency Physician	01	General Practice Physician
61J	General Surgeon	04	General Surgeon
61K	Thoracic Surgeon	04	General Surgeon
61L	Plastic Surgeon	04	General Surgeon
61W	Peripheral Vascular Surgeon	04	General Surgeon
61Z	Neurosurgeon	04	General Surgeon
61M	Orthopedic Surgeon	05	Orthopedic Surgeon
61P	Physiatrist	06	Physiatrist
60T	Otorhinolaryangologist	07	Otolaryngolist
60A	Operational Medicine Officer	08	Other Physician Specialty
60B	Nuclear Medicine Officer	08	Other Physician Specialty
60C	Preventive Medicine Officer	08	Other Physician Specialty
60D	Occupational Medicine	08	Other Physician Specialty
60F	Pulmonary Disease Officer	08	Other Physician Specialty
60G	Gastroenterologist	08	Other Physician Specialty
60H	Cardiologist	08	Other Physician Specialty
60J	OB/GYN	08	Other Physician Specialty
60K	Urologist	08	Other Physician Specialty
60L	Dermatologist	08	Other Physician Specialty
60M	Allergist/Clin Immunologist	08	Other Physician Specialty
60N	Anesthesiologist	08	Other Physician Specialty
60P	Pediatrician	08	Other Physician Specialty

APPENDIX E - Part 2 (Continued)

ACDB MOS/Job Code	Job Title	PAC Job Code	Job Title
60Q	Pediatric Cardiologist	08	Other Physician Specialty
60R	Child Neurologist	08	Other Physician Specialty
60U	Child Psychiatrist	08	Other Physician Specialty
60V	Neurologist	08	Other Physician Specialty
60W	Psychiatrist	08	Other Physician Specialty
60Z	Hematologist	08	Other Physician Specialty
61A	Nephrologist	08	Other Physician Specialty
61V	Medical Oncologist	08	Other Physician Specialty
61C	Endocrinologist	08	Other Physician Specialty
61D	Rheumatologist	08	Other Physician Specialty
61F	Internist	08	Other Physician Specialty
61G	Infectious Disease Officer	08	Other Physician Specialty
61N	Flight Surgeon	08	Other Physician Specialty
61S	Radiologist	08	Other Physician Specialty
11A	Physician Assistant	09	Physician Assistant
60S	Ophthalmologist	24	Ophthalmologist
68K	Optometrist	25	Optometrist
68L	Podiatrist	26	Podiatrist
68S	Clinical Psychologist	27	Clinical Psychologist
65B	Physical Therapist	29	Physical Therapist
0631	(Civilian) Physical Therapist	29	Physical Therapist
65A	Occupational Therapist	41	Occupational Therapist
636	(Civilian) Occ Therapist	41	Occupational Therapist
66B	Community Health Nurse	42	Nurse
66C	Psychiatric Mental Hlth Nurse	42	Nurse

APPENDIX E - Part 2 (Continued)

ACDB MOS/Job Code	ACDB Job Title	PAC Job Code	PAC Job Title
66D	Pediatric Nurse	42	Nurse
66G	OB/GYN Nurse	42	Nurse
66H	Medical/Surgeon Nurse	42	Nurse
66J	Clinical Surgeon	42	Nurse
66A	Nurse Administrator	42	Nurse
66J8E	Clinical Nurse Practioner	43	Nurse Practioner
66H8E	Medical/Surgeon Nurse Practioner	43	Nurse Practioner
68M	Audiologist	44	Audiologist
68R	Social Worker	45	Certified Social Worker
68U	Psychology Associate	27	Clinical Psychologist
0185	Civilian Social Worker	45	Certified Social Worker
0180	Civilian Psychologist	27	Clinical Psychologist
003A	Civilian Physician Assistant	09	Physician Assistant
0301	Miscellaneous Admin & Prog Series	03	Other Provider Type
0602	Civilian Physician	08	Other Physician
0609	Civilian Physician	08	Other Physician
0610	Civilian Nurse	42	Nurse
0620	Civilian Practical Nurse	42	Nurse
0621	Civilian Nursing Assistant	03	Other Provider Type
0636	Civilian Rehab Therapy	03	Other Provider Type
65C	Dietician	03	Other Provider Type
665	Civilian Speech Path/Audiology	28	Speech Pathology
68N	Environment Science Officer	03	Other Provider Type
699	Civilian Hlth Aid & Tech Series	03	Other Provider Type
91A	Medical Specialist	03	Other Provider Type

APPENDIX E - Part 2 (Continued)

MOS/Job Code	ACDB Job Title	PAC Job Code	PAC Job Title
91B	Medical Non-Commissioned Officer	03	Other Provider Type
91G	Behavioral Science Specialist	03	Other Provider Type
91H	Orthopedic Specialist	03	Other Provider Type
91J	Physical Therapy Specialist	03	Other Provider Type
91L	Occupational Therapy Specialist	03	Other Provider Type
91S	Preventive Medicine Specialist	03	Other Provider Type
91Y	Eye Specialist	03	Other Provider Type

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APPENDIX F

AMBULATORY CARE DATA BASE CLINICAL GROUPINGS

BY UCA CODE AND CLINIC SPECIALTY

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APPENDIX F

Ambulatory Care Data Base Clinical Groupings By UCA Code and Clinic Specialty

1. MEDICAL:

(BAAA) Internal Medicine
(BABA) Allergy
(BACA) Cardiology
(BADA) Diabetic
(BAFA) Endocrine
(BAGA) Gastroenterology
(BAHA) Hematology
(BAIA) Hypertension
(BAJA) Nephrology
(BAKA) Neurology
(BALA) Nutrition
(BAMA) Oncology
(BAMB) Chemotherapy
(BANA) Pulmonary
(BAOA) Rheumatology
(BAPA) Dermatology
(BAQA) Infectious Disease
(BAXX) Medical

2. SURGICAL CARE:

(BBAA) General Surgery
(BBAB) Pain
(BBBA) Cardiovascular/Thoracic
(BBBB) Peripheral Vascular
(BBCA) Neurosurgery
(BBDA) Ophthalmology
(BBFA) ENT
(BBGA) Plastic Surgery
(BBHA) Proctology
(BBIA) Urology
(BBXX) Surgical

3. OB & GYN CARE:

(BCAA) Family Planning
(BCBA) Gynocology
(BCCA) Obstretrics
(BCCB) Antepartum
(BCCC) Midwifery
(BCCD) Pre Labor & Delivery
(BCXX) OB/GYN

Ambulatory Care Data Base Clinical Groupings By UCA Code and Clinic Specialty
(Continued)

4. PEDIATRIC CARE:

(BDAA) Pediatrics
(BDBA) Adolescent Medicine
(BDCA) Well Baby
(BDZA) EFMP
(BDXX) Pediatrics

5. ORTHOPEDIC CARE:

(BEAA) Orthopedics
(BEBA) Cast
(BECA) Hand Surgery
(BEDA) Neuromusculoskeletal
(BEEA) Orthopedic Appliance
(BEFA) Podiatry
(BEXX) Orthopedics

6. PSYCHIATRIC/MENTAL HEALTH:

(BFAA) Psychiatry
(BFBA) Psychology
(BFCA) Child Guidance
(BFDA) Mental Health
(BFEA) Social Work
(BFEB) Family Advocacy
(BFXX) General Psych

7. FAMILY PRACTICE:

(BGYA) Family Practice
(BGXI & BGYN) TMC Fam Practice
(BGXX) Family Practice

8. PRIMARY CARE:

(BHAA) Primary Care/AMICs
(BHAB) Wellness
(BHAC) Physical Exam Section
(BHAE) TMC Main
(BHAF-BHAM) TMCs
(BHBA) Medical Exam
(BHBE) Physical Exam
(BHCA) Optometry
(BHCH & BHCI) TMC Optometry
(BHDA) Audiology
(BHDI) Audiology (TMC)
(BHEA) Speech Pathology
(BHGA) OH Health Clinic

Ambulatory Care Data Base Clinical Groupings By UCA Code and Clinic Specialty

8. PRIMARY CARE (Continued):

(BHFA) Community Health Service (See FBAA)
(BHXX) Primary Care

9. EMERGENCY MEDICINE CARE:

(BIYA) Emergency Room

10. FLIGHT MEDICINE CARE:

(BJYA) Flight Medicine

11. ANCILLARY SERVICES:

(DCBA) Ther Radiology
(DDAA & DDAB)
(DDBA) EEG
(DDDA) Pulmonary Function
(DHAA) INH/Respiratory Therapy
(DHBA) Occupational Therapy
(DHCA) Physical Medicine
(DHDA) Physical Therapy
(DIYA) Nuclear Medicine
(DDXX) EKG/EEG
(DHXX) OT/PT
(DHXC) Ancillary Service

12. SPECIAL PROGRAMS:

(FAEA) ADAPCP
(FBAA) Community Health Nurse
(FBAJ) Flight Physical Exam
(FBBA) Preventive Medicine
(FBGA) Occupational Health
(FBGC) OH (Jackson)
(FBGQ) OH (Memphis)
(FBIA) Immunizations
(FBIB) Immuniz-Peds
(FBIC) Immuniz-In/Out Proc
(FBXX) Special Programs
(FCDA) Support Other Mil Actv
(FEAA) Patient Movement

13. PRIMARY MED CARE:

(SBAE-SCAA) Battalion Aid Stations

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APPENDIX G

CPT-4 RADIOLOGY PROCEDURE CODES ASSIGNED FOR EACH CLINIC

FOR USE OF DATA CONTAINING NUMBER OF PLAIN FILMS

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APPENDIX G

CPT-4 RADIOLOGY PROCEDURE CODES ASSIGNED FOR EACH CLINIC FOR USE OF DATA CONTAINING NUMBER OF PLAIN FILMS

CPT4	UCA	CLINIC
71010	BDBA	ADOLESCENT
71010	BABA	ALLERGY/IMMUNIZATION
71010	BCCB	ANTEPARTUM
70250	BHDA	AUDIOLOGY/SPEECH
71010	SBAG	BATTALION AID STATION
71010	SBAH	BATTALION AID STATION
71010	SBAK	BATTALION AID STATION
71010	SBAL	BATTALION AID STATION
71010	SBBG	BATTALION AID STATION
71010	SBBL	BATTALION AID STATION
71010	SBCH	BATTALION AID STATION
71010	SBCK	BATTALION AID STATION
71010	SBCL	BATTALION AID STATION
71010	BHAF	CAMP BULLIS FIRST AID
71010	BACA	CARDIOLOGY
71010	BBBA	CARDIOTHORACIC
73590	BEBA	CAST
71010	BFCA	CHILD GUIDANCE
71010	BFDA	COMMUNITY MENTAL HEALTH
71010	FBAA	COMMUNITY HEALTH SERVICES
71010	BAPA	DERMATOLOGY
71010	BAEA	DIATETICS
71010	BDZA	EFMP
74000	BAFA	ENDOCRINOLOGY
70250	BBFA	ENT
72040	BIYA	EMERGENCY ROOM
74000	BCAA	FAMILY PLANNING
71010	BGYA	FAMILY PRACTICE
74000	BAGA	GASTROENTEROLOGY
71010	BBAA	GENERAL SURGERY
74000	BCBA	GYNOCOLOGY
71010	BAHA	HEMATOLOGY
71010	BAIA	HYPERTENSION
71010	FBIA	IMMUNIZATION
71010	BAAA	INTERNAL MEDICINE
71010	BAQA	INFECTIOUS DISEASE
71010	BAQA	INFECTIOUS DISEASE
70250	BAKA	NEUROLOGY
73560	BEDA	NEUROMUSCULOSKELETAL
70250	BBCA	NEUROSURGERY
74000	BAJA	NEPHROLOGY
71010	BALA	NUTRITION CARE
74000	BCCA	OBSTRETICS
71010	FBGA	OCCUPATIONAL HEALTH
71010	DHBA	OCCUPATIONAL THERAPY
71010	BAMA	ONCOLOGY/HEMATOLOGY

APPENDIX G (Continued)

CPT-4 RADIOLOGY PROCEDURE CODES ASSIGNED FOR EACH CLINIC
FOR USE OF DATA CONTAINING NUMBER OF PLAIN FILMS

CPT4	UCA	CLINIC
71010	BAMB	(ON ONCOLOGY FORM)
70250	BBDA	OPHTHALMOLOGY/OPTOMETRY
70250	BHCA	OPTOMETRY
73620	BEEA	ORTHO-APPLIANCE
73560	BEAA	ORTHODEDICS/PODIEATRY
71010	BBAB	PAIN/PHYSICAL MEDICINE
71010	BDAA	PEDIATRIC
71010	FBGQ	PES/OCC PHY EXAM
71010	DHDA	PHYSICAL THERAPY
71010	BBGA	PLASTIC SURGERY
73620	BEFA	PODIATRY
71010	FBBA	PREVENTIVE MEDICINE/CHN
71010	BHAA	PRIMARY CARE
74000	BBHA	PROCTOLOGY
70250	BFAA	PSYCHIATRY
70250	BFBA	PSYCHOLOGY
71010	BANA	PULMONARY
71010	DCBA	RADIOTHERAPY
72010	BAOA	RHEUMATOLOGY
71010	BFEA	SOCIAL WORK
70250	BHEA	SPEECH PATHOLOGY
71010	BJYA	TMC
71010	BHAE	TMC
71010	BHAG	TMC
71010	BHAH	TMC
71010	BHAI	TMC
71010	BHAJ	TMC
71010	BHAK	TMC
71010	BHAL	TMC
71010	BHCI	TMC
74000	BBIA	UROLOGY
71010	BDCA	WELL BABY
71010	BHAB	WELLNESS/FITNESS

ALL OTHERS 71010

APPENDIX H

PART 1 - CPT-4 PROCEDURES WITHOUT ASSIGNED CHAMPUS COSTS AND A LIST OF RELATED CPT-4 PROCEDURES CODES UDED FOR COSTING PURPOSES

PART 2 - SPECIAL CONSIDERATIONS FOR PAIN CLINIC: CPT-4 PROCEDURES USED FOR CHAMPUS COST ASSIGNMENTS

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APPENDIX H, Part 1

CPT-4 Procedures without Assigned CHAMPUS Costs and a List of Related CPT-4 Procedure Codes Used for Costing Purposes

Procedure W/O Cost	Procedure To Use For Obtaining Cost
11950	11960
13160	12020
14000	14020
15781	15786
15791	15786
15822	69717
15820	67917
15828	15825
15838	21555
26700	26641
27762	27780
29710	29720
29799	29405
45324	45355
46083	46320
70550	70551
74476	74451
78003	78001
82383	82384
82996	82997
90749	90724
95933	95925
96522	96520

APPENDIX H, Part 2

Special Considerations for Pain Clinic: CPT-4 Procedures Used for CHAMPUS Cost Assignments

If 66278 and 62289 selected, then use 62289

If 62273 and 62289 selected, then use 62289

If 64510 and 64520 selected, then use 64520

If 62273 and 62278 selected, then use 62278

If 20550 and 64450 selected, then use 64450

If 64450 and 64640 selected, then use 64640

If 62289 and 64413 selected, then use 62289

APPENDIX I

PART 1 - PHYSICIAN ADVISORY PANEL

PART 2 - ADMINISTRATIVE ADVISORY PANEL

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APPENDIX I, Part 1

Physician Advisory Panel

Name & Specialty	Position & Hospital
Colonel Garry B. Broadnax Chief, Obstetrics/Gynecology Consultant to the Office of The Surgeon General	Dwight David Eisenhower Army Medical Center Fort Gordon, GA
Colonel Roger V. Cadol Pediatric Specialty	Deputy Commander for Clinical Services Fitzsimons Army Medical Center Aurora, CO
Colonel Joe G. Fagan Psychiatry Consultant to the Office of The Surgeon General	Walter Reed Army Medical Center Washington, D.C.
Colonel William Goodhue Jr. Chief, Pathology Service	Dwight David Eisenhower Army Medical Center Fort Gordon, GA
Colonel Herbert E. Segal Preventive Medicine Specialty	Commander USA MEDDAC Fort Benning, GA
Colonel Artie L. Shelton Internal Medicine/Allergy Specialty	Defense Medical Information Systems Physician Consultant Walter Reed Army Medical Center Washington, D.C.
Colonel Robert Telepak HQ HSC Radiology Consultant	Chief, Radiology Service Brooke Army Medical Center Fort Sam Houston, TX
Lieutenant Colonel David W. Lipsi Surgery Specialty	Deputy Commander for Clinical Services USA MEDDAC Fort Jackson, SC
Lieutenant Colonel Edwin D. Schoonover Family Practice Specialty	Deputy Commander for Clinical Services USA MEDDAC Fort Campbell, KY

APPENDIX I, Part 2

Administrative Advisory Panel

Name & Specialty	Hospital
Colonel Ronald P. Childs Health Care Administrator	Deputy Commander for Administration USA MEDDAC Fort Jackson, SC
Colonel James Eason Personnel Officer	Deputy Commander for Administration Brooke Army Medical Center Fort Sam Houston, TX
Colonel Wayne Hilliard Logistician	Deputy Commander for Administration USA MEDDAC Fort Carson, CO
Colonel Samuel Hinton Health Care Administrator	Deputy Commander for Administration USA MEDDAC Fort Campbell, KY
Colonel Randy Kelley Patient Administration Division	Walter Reed Army Medical Center Washington, D.C.
Lieutenant Colonel John Abshier Office of the Comptroller	USA MEDDAC Fort Leonard Wood, MO
Lieutenant Colonel Bernard Chapman Patient Administration Division	USA MEDDAC Fort Lewis, WA
Lieutenant Colonel Dennis L. Clement Comptroller	Office of The Surgeon General Falls Church, VA
Lieutenant Colonel Michael P. Crutchfield Comptroller	Brooke Army Medical Center Fort Sam Houston, TX
Lieutenant Colonel Richard Lann Chief, Patient Administration System Division	Patient Administration System & Biostatistics Activity Fort Sam Houston, TX
Ms. Sherry Wilhelm Chief, Summary Reports Branch	Patient Administration System & Biostatistics Activity Fort Sam Houston, TX

APPENDIX J

PART 1 - LISTING OF PRODUCTS OF AMBULATORY CARE (PACS) BY DESCENDING ORDER

PART 2 - LISTING OF AMBULATORY VISIT GROUP (AVGS) BY DESCENDING ORDER

PART 3 - LISTING OF EMPTY AMBULATORY VISIT GROUPS (AVGs)

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APPENDIX J, Part 1

Listing of Products of Ambulatory Care (PACS) by Descending Order

PAC	DESCRIPTION	FREQ	PERCENT
08	MANAGEMENT OF CLASS II PROBLEM-ADULT AGE OVER 17	171,016	33.7
16	MANAGEMENT OF CLASS III PROBLEM	61,503	12.1
04	MANAGEMENT OF CLASS I PROBLEM-CHILD AGE 1-17	54,263	10.7
23	SPEECH AND REHABILITATION THERAPY	31,734	6.2
20	MANAGEMENT OF CLASS V PROBLEM	27,752	5.5
14	MANAGEMENT OF REPRODUCTIVE PROBLEMS	26,862	5.2
22	OPHTHALMOLOGICAL SERVICES	25,066	4.9
06	ANNUAL EXAMINATION-ADULT OVER 17	23,056	4.5
11	PRENATAL REVISITS-AGE 19-34	18,726	3.7
07	DIAGNOSTIC INVEST CLASS II PROB-ADULT AGE OVER 17	15,796	3.1
12	ANNUAL GYNECOLOGICAL EXAMINATION	8,381	1.6
15	DIAGNOSTIC INVESTIGATION OF CLASS III PROBLEM	7,379	1.5
01	WELL CARE EXAMINATION-CHILD AGE 0-2	6,641	1.3
05	MEDICATION ADMINISTRATION	4,890	1.0
03	DIAGNOSTIC INVEST OF CLASS I PROB-CHILD AGE 0-17	4,746	0.9
02	ANNUAL WELL CARE EXAMINATION-CHILD AGE 3-17	4,700	0.9
19	MANAGEMENT OF CLASS IV PROBLEM	3,939	0.8
21	AUDIOLOGICAL TESTING	2,694	0.5
10	PRENATAL REVISITS-AGE OVER 34 OR UNDER 19	2,567	0.5
24	DIAGNOSTIC INVEST W/NUCLEAR OR CAT IMAGING	1,529	0.3
13	DIAGNOSTIC INVEST OF REPRODUCTIVE PROBLEM	1,346	0.3
09	INITIAL PRENATAL EVALUATION	1,036	0.2
17	DIAGNOSTIC INVEST OF CLASS IV PROBLEM	489	0.1
18	MANAGEMENT OF CHEMOTHERAPY & RADIOTHERAPY TREATMENTS	446	0.1
00	UNGROUPED VISITS	1,593	0.3
	TOTALS	508,150	100.0

APPENDIX J, PART 2

LISTING OF AMBULATORY VISIT GROUP (AVGS)
BY DESCENDING ORDER

AVG	DESCRIPTION	FREQ	PERCENT
2300	GENERAL MEDICAL EXAMINATION	28,996	5.6
0825	OLDPT, TENDONITIS, MYOSITIS & BURSITIS	14,803	2.9
0805	NEWPT, TENDONITIS, MYOSITIS & BURSITIS	12,856	2.5
1420	OLDPT, NORMAL PREGNANCY, ANTEPARTUM	12,315	2.4
0325	OLDPT, OTHER URI	10,482	2.0
0302	NEWPT, COMPLICATED ENT CONDITIONS	10,303	2.0
2305	SOCIAL PROBLEMS, COUNSELING	10,100	2.0
0201	NEWPT, REFRACTIVE ERRORS	10,023	1.9
0322	OLDPT, COMPLICATED ENT CONDITIONS	9,806	1.9
0809	NEWPT, SPRAIN NEWPT, TRAUMA FINGERS/TOES	8,873	1.7
0305	NEWPT, OTHER URI	8,570	1.7
0824	OLDPT, MEDICAL BACK PROBLEMS	8,380	1.6
2100	NEWPT, MINOR WOUNDS/INJURIES TO THE SKIN	8,349	1.6
2302	SCREENING, SURVEILLANCE & SYMPTOMS	7,974	1.5
0804	NEWPT, MEDICAL BACK PROBLEMS	7,800	1.5
0904	NEWPT, DERMATITIS, DIS HAIR & ECZEMA	7,313	1.4
0307	NEWPT, HEARING DISORD	7,305	1.4
1400	NEWPT, NORMAL PREGNANCY, ANTEPARTUM	7,224	1.4
0924	OLDPT, DERMATITIS, DIS HAIR & ECZEMA	6,857	1.3
0826	OLDPT, WOUND, FRACT, ARM, LOW LEG, SHOULDER	6,673	1.3
0525	OLDPT, HYPERTENSION	6,603	1.3
0829	OLDPT, SPRAIN OF ARM, LOWER LEG/SHOULDER	6,179	1.2
0811	NEWPT, OTH MUSCULOSKELETAL SYS/CONN TISSUE	5,852	1.1
0206	NEWPT, EYE EXAMINATION	5,745	1.1
0324	OLDPT, PHARYNGITIS	5,596	1.1
0304	NEWPT, PHARYNGITIS	5,104	1.0
0925	OLDPT, NEVI/SKIN TUMORS (EXC MALIG MELANOMA)	5,089	1.0
2306	MEDICAL COUNSELING	5,083	1.0
1326	OLDPT, GYNECOLOGIC EXAMINATION	5,007	1.0
1941	PSYCH, INDIVIDUAL THERAPY - SUPPORTIVE	4,738	0.9
2120	OLDPT, MINOR WOUNDS/INJURIES TO SKIN	4,661	0.9
0905	NEWPT, NEVI/SKIN TUMORS (EXCLUDE MALIG MELANOMA)	4,620	0.9
2308	SURGICAL AFTERCARE	4,375	0.8
0803	NEWPT, DEGEN/INFECTIVE JOINT DIS	4,353	0.8
0823	OLDPT, DEGEN/INFECTIVE JOINT DISEASE	4,300	0.8
2307	REHABILITATION	4,229	0.8
0806	NEWPT, WOUND/FRACT, ARM, LOW LEG, SHOULDER	4,210	0.8
0909	NEWPT, OTHER SKIN DISORDERS	3,909	0.8
0505	NEWPT, HYPERTENSION	3,889	0.8
2301	WELL CHILD CARE	3,871	0.8
1940	PSYCH, COMPREHENSIVE EVALUATION	3,825	0.7
1306	NEWPT, GYNECOLOGIC EXAMINATION	3,684	0.7
0200	NEWPT, EXTERNAL EYE DISORD	3,390	0.7
1800	NEWPT, VIRAL DIS	3,385	0.7
0622	OLDPT, GASTROENTERITIS	3,349	0.6
1820	OLDPT, VIRAL DIS	3,347	0.6
1903	NEWPT, OTH MENTAL DISTURBANCES	3,265	0.6

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0929	OLDPT, OTH SKIN DISORDERS	3,111	0.6
0831	OLDPT, OTH MUSCULOSKELETAL SYS/CONN TISSUE	3,079	0.6
0877	APPLICATION CASTS/SPLINTS/ORTHOSES, CLASS 3	2,872	0.6
0603	NEWPT, IRRIT BOWEL SYN/OTH COLON DISORD	2,862	0.6
1324	OLDPT, HORMONAL & MENSTRUAL DIS	2,822	0.5
0366	SPIROMETRY	2,739	0.5
0220	OLDPT, EXTERNAL EYE DISORD	2,660	0.5
1121	OLDPT, KIDNEY & URINARY TRACT INFECTIONS	2,647	0.5
2309	INJECTIONS & MEDICATIONS	2,584	0.5
0623	OLDPT, IRRIT BOWEL SYND/OTH COLON DISORD	2,527	0.5
0602	NEWPT, GASTROENTERITIS	2,390	0.5
1720	OLDPT, MALIGNANCY	2,383	0.5
0126	OLDPT, HEADACHE	2,338	0.5
1321	OLDPT, INFECT/INFLAM FEMALE REPRODUCT SYS	2,329	0.5
0922	OLDPT, CELLULITIS, SOFT TISSUE INFECTIONS	2,293	0.4
0106	NEWPT, HEADACHE	2,183	0.4
0364	AUDIOMETRY, CLASS 1	2,178	0.4
1101	NEWPT, KIDNEY & URINARY TRACT INFECTIONS	2,103	0.4
1923	OLDPT, OTHER MENTAL DISTURBANCES	2,087	0.4
1201	NEWPT, SEXUALLY TRANSMITTED DISEASE, MALE	2,032	0.4
1301	NEWPT, INFECT/INFLAM FEMALE REPRODUC SYS	2,031	0.4
0620	OLDPT, DIS/DISORD, UPPER GI TRACT	1,999	0.4
0902	NEWPT, CELLULITIS, SOFT TISSUE INFECTIONS	1,939	0.4
1304	NEWPT, HORMONAL & MENSTRUAL DIS	1,903	0.4
0124	OLDPT, CRANIAL & PERIPHERAL NERVE DISORD	1,860	0.4
0500	NEWPT, ISCHEMIC HEART DIS	1,802	0.3
0336	OLDPT, OTHER ENT & RESPIRATORY DISORD	1,675	0.3
0882	XRAYS, MUSCULOSKELETAL SYS	1,647	0.3
0332	OLDPT, ASTHMA	1,604	0.3
1003	NEWPT, OBESITY	1,584	0.3
0331	OLDPT, BRONCHITIS	1,556	0.3
1424	OLDPT, CONTRACEPTION	1,536	0.3
1700	NEWPT, MALIGNANCY	1,512	0.3
2314	PARTIAL PHYSICAL EXAMINATION	1,477	0.3
0333	OLDPT, RESPIRATORY SIGNS & SYMPTOMS	1,461	0.3
0600	NEWPT, DIS/DISORD UPPER GI TRACT	1,453	0.3
0311	NEWPT, BRONCHITIS	1,448	0.3
1404	NEWPT, CONTRACEPTION	1,435	0.3
0907	NEWPT, ACNE	1,424	0.3
0104	NEWPT, CRANIAL & PERIPHERAL NERVE DISORD	1,361	0.3
1021	OLDPT, DIABETES, NON INSULIN DEPENDENT	1,332	0.3
1320	OLDPT NON-MALIGNANT BREAST DISORD	1,290	0.2
0323	OLDPT, SIMPLE, ACUTE OTITIS MEDIA	1,287	0.2
0313	NEWPT, RESPIRATORY SIGNS & SYMPTOMS	1,276	0.2
0927	OLDPT, ACNE	1,266	0.2
0306	NEWPT, ENT TRAUMA, DEFORMITY & OBSTRUCTION	1,263	0.2
0312	NEWPT, ASTHMA	1,200	0.2
1323	OLDPT, OTH CERV/VULVO-VAGINAL DISORD	1,199	0.2
0327	OLDPT, HEARING DISORDERS	1,190	0.2
0326	OLDPT, ENT TRAUMA, DEFORMITY & OBSTRUCTION	1,177	0.2

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0626	OLDPT, RECTAL/ANAL DISORD	1,170	0.2
1001	NEWPT, DIABETES NON INSULIN DEPENDENT	1,163	0.2
1402	NEWPT, NORMAL PREGNANCY, POSTPART	1,131	0.2
0264	OTHER DIAGNOSTIC PROCEDURES, EYE, CLASS 1	1,119	0.2
0303	NEWPT, SIMPLE, ACUTE OTITIS MEDIA	1,102	0.2
1220	OLDPT, PROSTATIC DIS	1,095	0.2
1123	OLDPT, KIDNEY/URINARY TRACT SIGNS/SYMPTOMS	1,087	0.2
1221	OLDPT, SEXUALLY TRANSMITTED DIS, MALE	1,082	0.2
0521	OLDPT, ISCHEMIC HEART DIS W/O CHEST PAIN	1,080	0.2
1023	OLDPT, OBESITY	1,074	0.2
0908	NEWPT, URTICARIA/ALLERGIC REACTION	1,046	0.2
0316	NEWPT, OTH ENT & RESPIRATORY DISORD	1,032	0.2
0223	OLDPT, OTH ANTERIOR SEGMENT & OPTIC NERVE	1,017	0.2
1303	NEWPT, OTH CERV/VULVO-VAGINAL DISORD	968	0.2
1103	NEWPT, KIDNEY/URINARY TRACT SIGNS/SYMPTOMS	929	0.2
0329	OLDPT, COPD/INTERSTITIAL LUNG DIS	923	0.2
0520	OLDPT, ISCHEMIC HEART DIS W/ CHEST PAIN	918	0.2
1223	OLDPT, OTH MALE REPRODUCTIVE DISORD	909	0.2
2144	REPAIR, INJURY, CLASS 1	893	0.2
1002	NEWPT, NUTRITIONAL & METABOLIC DISORD	888	0.2
0330	OLDPT SIMPLE PNEUMONIA & PLEURISY	859	0.2
0926	OLDPT, DISEASE OF THE NAILS	853	0.2
0222	OLDPT, CATARACT, APHAKIA/PSEUDOPHAKIA	841	0.2
0606	NEWPT, RECTAL/ANAL DISORD	840	0.2
0876	APPLICATION OF CASTS, SPLINTS/ORTHOSES, CLASS 2	838	0.2
0627	OLDPT, HERNIA	831	0.2
1426	OLDPT, PREGNANCY TEST ONLY	821	0.2
0310	NEWPT, SIMPLE PNEUMONIA/PLEURISY	819	0.2
0125	OLDPT, SEIZURE	811	0.2
0226	OLDPT, EYE EXAMINATION	810	0.2
0664	BARIUM ENEDMA	782	0.2
1200	NEWPT, PROSTATIC DIS	764	0.1
1300	NEWPT, NON-MALIGNANT BREAST DISORD	762	0.1
0507	NEWPT, CONDUCTION DISORD	729	0.1
0940	EXCISION, CLASS 1	726	0.1
2123	OLDPT, OTH INJ/POISON/TOXIC EFFECTS OF DRUGS	725	0.1
0958	OTHER SURGERY, SKIN, CLASS 2	722	0.1
0906	NEWPT, DISEASE OF THE NAILS	690	0.1
1024	OLDPT, THYROID DIS	680	0.1
1920	OLDPT, CHILDHOOD MENTAL DISORD	673	0.1
1406	NEWPT, PREGNANCY TEST ONLY	670	0.1
1942	PSYCH, INDIVIDUAL THERAPY - EXTENSIVE	668	0.1
0205	NEWPT, VISUAL DISTURB, STRAB/MOTILITY DISORD	655	0.1
0367	ALLERGY PROCEDURES, CLASS 1	650	0.1
1622	OLDPT, RETICULOENDOTHELIAL/IMMUN DISORD	648	0.1
2101	NEWPT, OTH WOUNDS/MULTIPLE INJURIES NEC	647	0.1
0928	OLDPT, URTICARIA/ALLERGIC REACTION	637	0.1
0155	EEG, & EVOKED POTENTIAL, CLASS 1	629	0.1
1222	OLDPT, TESTICULAR/RELATED DIS	622	0.1
0808	NEWPT, TRAUMA OF FINGERS & TOES	609	0.1

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0828	OLDPT, TRAUMA OF FINGERS & TOES	608	0.1
1022	OLDPT, NUTRITIONAL/METABOLIC DISORD	607	0.1
0225	OLDPT, VISUAL DISTURB, STRAB/MOTILITY DISORD	603	0.1
0309	NEWPT, COPD/INTERSTITIAL LUNG DISEASE	591	0.1
1152	XRAYS, URINARY SYS, CLASS 1	581	0.1
0944	INCISION & DRAINAGE, CLASS 1	565	0.1
0527	OLDPT, CONDUCTION DISORD	562	0.1
1348	OTHER SURGERY, FEMALE REPRODUCT SYS CLASS 1	560	0.1
0529	OLDPT, OTH HEART/CIRCULATORY DISORD	559	0.1
0221	OLDPT, REFRACTIVE ERRORS	548	0.1
1422	OLDPT, NORMAL PREGNANCY, POSTPARTUM	532	0.1
0607	NEWPT, HERNIA	527	0.1
0300	NEWPT, DYSEQUILIBRIUM	520	0.1
1602	NEWPT, RETICULOENDOTHELIAL/IMMUN DISORD	514	0.1
0941	EXCISION, CLASS 2	513	0.1
0203	NEWPT, OTH ANTERIOR SEGMENT/OPTIC NERVE	506	0.1
1203	NEWPT, OTH MALE REPRODUCT DISORD	505	0.1
0630	OLDPT, OTH DIGESTIVE/HEPATOBILIARY DISORD	503	0.1
1421	OLDPT, HIGH RISK PREGNANCY, ANTEPARTUM	495	0.1
2121	OLDPT, OTH WOUNDS/MULTIPLE INJ NEC	481	0.1
0157	EMG & NERVE CONDUCTION STUDIES	470	0.1
0509	NEWPT, OTH HEART/CIRCULATORY DISORD	463	0.1
0320	OLDPT, DYSEQUILIBRIUM	460	0.1
1943	PSYCH, GROUP THERAPY	456	0.1
1900	NEWPT, CHILDHOOD MENTAL DISORD	455	0.1
0202	NEWPT, CATARACT, APHAKIA/PSEUDOPHAKIA	451	0.1
1122	OLDPT, URINARY STONES	450	0.1
1004	NEWPT, THYROID DIS	444	0.1
1801	NEWPT, PARASITIC/OTH INFECT DIS	444	0.1
0524	OLDPT, ATHEROSCLEROSIS/PERIPH CIRCULATORY DIS	427	0.1
1140	CYSTOSCOPY, CLASS 1	425	0.1
0204	NEWPT, RETINA, CHOROID/VITREOUS	422	0.1
0105	NEWPT, SEIZURE	417	0.1
1202	NEWPT, TESTICULAR/RELATED DIS	410	0.1
0109	NEWPT, OTH DISORD OF NERVOUS SYS	403	0.1
2103	NEWPT, OTH INJ/POISON/TOXIC EFFECT OF DRUGS	400	0.1
0875	APPLICATION OF CASTS/SPLINTS/ORTHOSES, CLASS 1	399	0.1
0129	OLDPT, OTH DISORD OF NERVOUS SYS	398	0.1
0604	NEWPT, ROUTINE DENTAL/ ORAL DIS	377	0.1
0947	SKIN PEEL/ABRASION, CLASS 2	376	0.1
0526	OLDPT, CONGENITAL HEART/VALVE DISORD	372	0.1
1620	OLDPT, ANEMIA	372	0.1
0224	OLDPT, RETINA, CHOROID/VITREOUS	371	0.1
0629	OLDPT, CHOLECYSTITIS/PANCREATITIS	370	0.1
1821	OLDPT, PARASITIC/OTH INFECT DIS	367	0.1
1020	OLDPT, DIABETES, INSULIN DEPENDENT	359	0.1
0820	OLDPT, TRAUMA OF PELVIS, HIP/FEMUR	352	0.1
1325	OLDPT, INFERTILITY, FEMALE	352	0.1
0102	NEWPT, CEREBRAL VASCULAR ACCIDENT	342	0.1
0552	STRESS TEST	342	0.1

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0903	NEWPT, NON-VENERAL HERPES	337	0.1
0610	NEWPT, OTH DIGESTIVE/HEPATOBILARY DISORD	333	0.1
1005	NEWPT, PEDIATRIC FAILURE TO THRIVE	331	0.1
0506	NEWPT, CONGENITAL HEART/VALVE DISORD	324	0.1
0504	NEWPT, ATHEROSCLEROSIS/PERIPH CIRCULATORY DIS	323	0.1
1000	NEWPT, DIABETES, INSULIN DEPENDENT	317	0.1
0228	OLDPT, OTHER DIS OF THE EYE	311	0.1
0208	NEWPT, OTHER DIS OF THE EYE	310	0.1
0830	OLDPT, PEDIATRIC MUSCULOSKELETAL DIS	310	0.1
0122	OLDPT, CEREBRAL VASCULAR ACCIDENT	298	0.1
0822	OLDPT, RHEUMATOID ARTHRITIS	294	0.1
1153	XRAYS, URINARY SYS, CLASS 2	293	0.1
2303	VACCINATION, INNOCULATION/OTH PROPHYLACTIC MEA	279	0.1
1125	OLDPT, OTH KIDNEY/URINARY TRACT	275	0.1
0624	OLDPT, ROUTINE DENTAL/ORAL DIS	274	0.1
0100	NEWPT, HEAD & SPINAL INJURY	256	0.0
0800	NEWPT, TRAUMA OF PELVIS, HIP/FEMUR	254	0.0
1600	NEWPT, ANEMIA	252	0.0
0301	NEWPT, EPISTAXIS	245	0.0
1322	OLDPT, OTH UTERINE/TUBAL/OVARIAN DISORD	245	0.0
0608	NEWPT, CIRRHOSIS/HEPATITIS/OTH LIVER DYSFUNCT	242	0.0
0121	OLDPT, MULT SCLEROSIS/PARKINSON'S DEGEN DISORD	240	0.0
0528	OLDPT, PEDIATRIC CARDIOVASCULAR DIS	238	0.0
0628	OLDPT, CIRRHOSIS/HEPATITIS/OTH LIVER DYSFUNCT	236	0.0
1740	RADIATION THERAPY - SET UP	233	0.0
0128	OLDPT, PEDIATRIC NEUROLOGIC DIS	228	0.0
0923	OLDPT, NON-VENEREAL HERPES	225	0.0
0308	NEWPT, RESPIRATORY TB	224	0.0
0609	NEWPT, CHOLECYSTITIS & PANCREATITIS	223	0.0
1026	OLDPT, OTH ENDOCRINE DISORD	222	0.0
0801	NEWPT, CONNECTIVE TISSUE DIS	221	0.0
0120	OLDPT, HEAD/SPINAL INJURY	219	0.0
1102	NEWPT, URINARY STONES	218	0.0
0810	NEWPT, PEDIATRIC MUSCULOSKELETAL DIS	213	0.0
0821	OLDPT, CONNECTIVE TISSUE DIS	211	0.0
0321	OLDPT, EPISTAXIS	209	0.0
0901	NEWPT, PSORIASIS	209	0.0
0921	OLDPT, PSORIASIS	206	0.0
0328	OLDPT, RESPIRATORY TB	205	0.0
0554	EKG MONITORING & SPECIAL STUDIES	204	0.0
1922	OLDPT, ALCOHOL, DRUG PROBLEMS	202	0.0
0643	ENDOSCOPY-COLONSCOPY, CLASS 1	196	0.0
0886	EMG/OTH MUSCULOSKELETAL TEST, CLASS 2	194	0.0
1305	NEWPT, INFERTILITY, FEMALE	193	0.0
0802	NEWPT, RHEUMATOID ARTHRITIS	192	0.0
0107	NEWPT, SENILITY/ORGANIC BRAIN SYNDROME	188	0.0
1902	NEWPT, ALCOHOL, DRUG PROBLEMS	188	0.0
1006	NEWPT, OTHER ENDOCRINE DISORD	187	0.0
1401	NEWPT, HIGH RISK PREGNANCY, ANTEPARTUM	184	0.0
0951	OTHER PLASTIC PROCEDURES, CLASS 3	183	0.0

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
1025	OLDPT, PEDIATRIC FAILURE TO THRIVE	181	0.0
2102	NEWPT, TOXIC EFFECTS OF DRUGS	181	0.0
0522	OLDPT, HEART FAILURE	173	0.0
0547	CARDIAC ULTRASOUND, CLASS 1	169	0.0
1105	NEWPT, OTHER KIDNEY & URINARY TRACT	167	0.0
1425	OLDPT, ABORTION	163	0.0
1744	CHEMOTHERAPY, SIMPLE	154	0.0
1721	OLDPT, MALIGNANCY, ADMIT TO HOSPITAL	152	0.0
0920	OLDPT, CHRONIC SKIN ULCERS	151	0.0
1302	NEWPT, OTH UTERINE/TUBAL/OVARIAN DISORD	151	0.0
1327	OLDPT, OTH FEMALE REPRODUCT DISORD	148	0.0
0827	OLDPT, ORTHOPEDIC AFTERCARE	140	0.0
0101	NEWPT, MULT SCLEROSIS/PARKINSON'S DEGEN DISORD	136	0.0
0807	NEWPT, ORTHOPEDIC AFTERCARE	134	0.0
1405	NEWPT, ABORTION	132	0.0
2316	OTH FACTORS INFLUENCING HEALTH STATUS	130	0.0
0502	NEWPT, HEART FAILURE	128	0.0
1120	OLDPT, CHRONIC RENAL FAILURE	127	0.0
0653	ENDOSCOPY-UPPER GI, CLASS 3	121	0.0
0108	NEWPT, PEDIATRIC NEUROLOGIC DIS	117	0.0
2310	DESENSITIZATION TO ALLERGENS	117	0.0
0265	OTHER DIAG PROC, EYE, CLASS 2	110	0.0
0621	OLDPT, INFLAMMATORY BOWEL DIS	107	0.0
0508	NEWPT, PEDIATRIC CARDIOVASCULAR DIS	106	0.0
1501	NEWPT, COMPLICATED NEONATE	103	0.0
0900	NEWPT, CHRONIC SKIN ULCERS	99	0.0
0127	OLDPT, SENILITY/ORGANIC BRAIN SYNDROME	95	0.0
1345	CULPOSCOPY	94	0.0
0154	XRAYS, NERVOUS SYS	92	0.0
0523	OLDPT, THROMBOPHLEBITIS	84	0.0
1307	NEWPT, OTH FEMALE REPRODUCT DISORD	80	0.0
0343	EAR & MASTOID, CLASS 1	79	0.0
2143	DEBRIDEMENT, INJURY	79	0.0
0365	AUDIOMETRY, CLASS 2	78	0.0
0953	OTHER PLASTIC PROCEDURES, CLASS 5	77	0.0
1100	NEWPT, CHRONIC RENAL FAILURE	73	0.0
2315	ADMINISTRATIVE ENCOUNTER	72	0.0
0245	ANTERIOR SEGMENT - OTHER, CLASS 1	67	0.0
0503	NEWPT, THROMBOPHLEBITIS	65	0.0
0960	SKIN TESTS, CLASS 1	65	0.0
0103	NEWPT, TRANSIENT ISCHEMIC ATTACK	61	0.0
0872	OTHER SURGERY, MUSCULOSKELETAL SYS, CLASS 1	61	0.0
1407	NEWPT, OTHER PRENATAL OR POSTPARTUM CARE	61	0.0
0123	OLDPT, TRANSIENT ISCHEMIC ATTACK	59	0.0
0350	NOSE & SINUS, CLASS 3	59	0.0
0355	PHARYNX, CLASS 3	59	0.0
0369	OTH DIAG PROC/ENT/RESPIRATORY, CLASS 1	59	0.0
0601	NEWPT, INFLAMMATORY BOWEL DIS	59	0.0
0961	SKIN TESTS, CLASS 2	58	0.0
1241	CIRCUMCISION	57	0.0

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
1427	OLDPT, OTHER PRENATAL OR POSTPARTUM CARE	56	0.0
1745	CHEMOTHERAPY, COMPLEX	56	0.0
1521	OLDPT, COMPLICATED NEONATE	55	0.0
0942	EXCISION, CLASS 3	51	0.0
0948	SKIN PEEL & ABRASION, CLASS 3	51	0.0
0950	OTHER PLASTIC PROCEDURES, CLASS 2	51	0.0
0352	NOSE & SINUS, CLASS 5	50	0.0
0646	ENDOSCOPY-COLONSCOPY, CLASS 4	50	0.0
1124	OLDPT, URETHRAL STRICTURE	48	0.0
2122	OLDPT, TOXIC EFFECTS OF DRUGS	45	0.0
0368	ALLERGY PROCEDURES, CLASS 2	43	0.0
1342	BREAST, CLASS 3	41	0.0
0351	NOSE & SINUS, CLASS 4	40	0.0
0871	TOE, CLASS 3	40	0.0
0357	LARYNX, CLASS 1	39	0.0
1901	NEWPT, SEXUAL DISORD	39	0.0
0254	PLASTIC & RECONSTRUCTIVE, EYE, CLASS 2	38	0.0
0348	NOSE & SINUS, CLASS 1	37	0.0
0866	FOOT & ANKLE, CLASS 2	37	0.0
0149	EPIDURAL/SUBDURAL/SUBARACHNOID PUNCTURE, CLASS 1	35	0.0
1104	NEWPT, URETHRAL STRICTURE	35	0.0
0605	NEWPT, ORAL FRACTURE & INJURY	34	0.0
0645	ENDOSCOPY-COLONSCOPY, CLASS 3	33	0.0
1921	OLDPT, SEXUAL DISORD	33	0.0
2140	EXCISION, INJURY, CLASS 1	30	0.0
2154	OTHER SURGERY, INJURY, CLASS 1	30	0.0
0240	LASER EYE PROCEDURES, ANTERIOR SEGMENT	28	0.0
0347	EAR & MASTOID, CLASS 5	28	0.0
0651	ENDOSCOPY-UPPER GI, CLASS 1	27	0.0
1621	OLDPT, COAGULATION DISORD	26	0.0
0160	OTHER DIAGNOSTIC PROCEDURES, NERVOUS SYS	24	0.0
0353	PHARYNX, CLASS 1	24	0.0
0548	CARDIAC ULTRASOUND, CLASS 2	24	0.0
0667	OTHER MEDICAL PROC, DIGESTIVE SYS	24	0.0
1601	NEWPT, COAGULATION DISORD	24	0.0
1141	CYSTOSCOPY, CLASS 2	23	0.0
1522	OLDPT, MULT/OTH CONGENITAL ANOMALIES	23	0.0
0549	RADIONUCLIDE STUDIES, CIRCULATORY SYS	22	0.0
1040	THYROID BIOPSY	21	0.0
0241	LASER EYE PROCEDURES, POSTERIOR SEGMENT	20	0.0
0640	ANAL & RECTAL PROCEDURES, CLASS 1	20	0.0
1144	CYSTOMETROGRAM/OTH DIAG PROC	19	0.0
1253	OTHER SURGERY, MALE REPRODUCTIVE SYS	19	0.0
1502	NEWPT, MULTIPLE/OTH CONGENITAL ANOMALIES	19	0.0
0952	OTHER PLASTIC PROCEDURES, CLASS 4	18	0.0
0140	NERVE BLOCKS, CLASS 1	17	0.0
0349	NOSE & SINUS, CLASS 2	17	0.0
0867	FOOT & ANKLE, CLASS 3	17	0.0
0878	APPLICATION OF CASTS/SPLINTS/ORTHOSES, CLASS 4	17	0.0
2312	BATTERED CHILD	17	0.0

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0335	OLDPT, PEDIATRIC RESPIRATORY DIS	16	0.0
0625	OLDPT, ORAL FRACTURE & INJURY	16	0.0
0150	EPIDURAL/SUBDURAL/SUBARACHNOID PUNCTURE, CLASS 2	15	0.0
0334	OLDPT, PEDIATRIC ENT CONDITIONS	15	0.0
1242	VASECTOMY, CLASS 1	15	0.0
0314	NEWPT, PEDIATRIC ENT CONDITIONS	14	0.0
0545	CATHETERIZATION-LEFT HEART OR FULL	14	0.0
0344	EAR & MASTOID, CLASS 2	13	0.0
0654	ENDOSCOPY-UPPER GI, CLASS 4	13	0.0
0341	BRONCHOSCOPY, CLASS 2	12	0.0
0543	SCLEROSIS OF VEINS	12	0.0
0955	OTHER PLASTIC PROCEDURES, CLASS 7	12	0.0
0959	PUVA	12	0.0
1444	AMNIOCENTESIS	12	0.0
0644	ENDOSCOPY-COLONSCOPY, CLASS 2	11	0.0
0954	OTHER PLASTIC PROCEDURES, CLASS 6	11	0.0
1148	OTHER SURGERY, URINARY SYS, CLASS 1	11	0.0
0247	ANTERIOR SEGMENT - OTHER, CLASS 3	10	0.0
1351	RADIOLOGIC PROCEDURES, FEMALE	10	0.0
0253	PLASTIC & RECONSTRUCTIVE, EYE, CLASS 1	9	0.0
0551	NONINVASIVE PERIPHERAL VASCULAR STUDIES	9	0.0
0158	POLYSOMNOGRAPHY	8	0.0
0851	HAND & WRIST , CLASS 2	8	0.0
0885	EMG & OTHER MUSCULOSKELETAL TESTING, CLASS 1	8	0.0
0345	EAR & MASTOID, CLASS 3	7	0.0
0354	PHARYNX, CLASS 2	7	0.0
0873	OTHER SURGERY, MUSCULOSKELETAL SYS, CLASS 2	7	0.0
0879	ARTHROSCOPY, CLASS 1	7	0.0
0945	INCISION & DRAINAGE, CLASS 2	7	0.0
1146	URETHRA PROCEDURES, CLASS 2	7	0.0
1423	OLDPT, HIGH RISK PREG/POSTPART REPRODUCT SYS	7	0.0
1440	STRESS TESTS/OTH PROC, PREG/CHILDBIRTH	7	0.0
1145	URETHRA PROCEDURES, CLASS 1	6	0.0
1149	OTHER SURGERY, URINARY SYS, CLASS 2	6	0.0
1155	PERITONEAL DIALYSIS	6	0.0
0315	NEWPT, PEDIATRIC RESPIRATORY DIS	5	0.0
0666	ESOPHAGEAL PHYSIOLOGIC STUDIES	5	0.0
0949	OTHER PLASTIC PROCEDURES, CLASS 1	5	0.0
0246	ANTERIOR SEGMENT - OTHER, CLASS 2	4	0.0
0340	BRONCHOSCOPY, CLASS 1	4	0.0
0844	UPPER ARM & SHOULDER, CLASS 2	4	0.0
0855	FINGER, CLASS 1	4	0.0
0870	TOE, CLASS 2	4	0.0
0957	OTHER SURGERY, SKIN, CLASS 1	4	0.0
1154	HEMODIALYSIS	4	0.0
1341	BREAST, CLASS 2	4	0.0
1349	OTHER SURG, FEMALE REPRODUCT SYS, CLASS 2	4	0.0
1403	NEWPT, HIGH RISK PREGNANCY, POSTPARTUM	4	0.0
1642	LYMPH NODE BIOPSY/OTH SURG, BLOOD DIS, CLASS 2	4	0.0
1750	BLOOD PRODUCTS, MALIGNANCY	4	0.0

APPENDIX J, PART 2 (Continued)
LISTING OF AMBULATORY VISIT GROUPS (AVGS), CONTINUED

AVG	DESCRIPTION	FREQ	PERCENT
0641	ANAL & RECTAL PROCEDURES, CLASS 2	3	0.0
0660	OTHER SURGERY, DIGESTIVE SYS, CLASS 1	3	0.0
0847	FOREARM & ELBOW, CLASS 2	3	0.0
0880	ARTHROSCOPY, CLASS 2	3	0.0
1624	OLDPT, OTHER BLOOD DISORD	3	0.0
2141	EXCISION, INJURY, CLASS 2	3	0.0
2155	OTHER SURGERY, INJURY, CLASS 2	3	0.0
0252	POSTERIOR SEGMENT, CLASS 3	2	0.0
0346	EAR & MASTOID, CLASS 4	2	0.0
0655	ORAL PROCEDURES, CLASS 1	2	0.0
1150	OTHER SURGERY, URINARY SYS, CLASS 3	2	0.0
1742	RADIATION THERAPY - CLINICAL BRACHTHERAPY	2	0.0
0243	ANTERIOR SEGMENT - GLAUCOMA, CLASS 1	1	0.0
0255	PLASTIC & RECONSTRUCTIVE, EYE, CLASS 3	1	0.0
0261	OTHER SURGERY, EYE, CLASS 1	1	0.0
0358	LARYNX, CLASS 2	1	0.0
0359	OTHER SURGERY, ENT & RESPIRATORY, CLASS 1	1	0.0
0546	CATHERIZATION-SUPERVISION & INTERPRETATION ONLY	1	0.0
0556	CARDIOPULMONARY RESUSCITATION	1	0.0
0642	ANAL & RECTAL PROCEDURES, CLASS 3	1	0.0
0661	OTHER SURGERY, DIGESTIVE SYS, CLASS 2	1	0.0
0846	FOREARM & ELBOW, CLASS 1	1	0.0
0857	FINGER, CLASS 3	1	0.0
0862	KNEE & LOWER LIMB, CLASS 2	1	0.0
0865	FOOT & ANKLE, CLASS 1	1	0.0
0881	ARTHROSCOPY, CLASS 3	1	0.0
1142	CYSTOSCOPY, CLASS 3	1	0.0
1245	PENIS PROCEDURES,CLASS 2	1	0.0
1246	PENIS PROCEDURES, CLASS 3	1	0.0
1343	BREAST, CLASS 4	1	0.0
1604	NEWPT, OTHER BLOOD DISORD	1	0.0
1640	TRANSFUSION, BLOOD DIS	1	0.0
1748	LUMBAR & VENTRICULAR PUNCTURE, MALIGNANCY	1	0.0
2150	PLASTIC PROCEDURE, INJURY, CLASS 2	1	0.0
2152	PLASTIC PROCEDURE, INJURY, CLASS 4	1	0.0
0000	UNGROUPED VISITS	8,725	1.7
	TOTALS	516,006	100.0

APPENDIX J, PART 3

LISTING OF EMPTY AMBULATORY VISIT GROUPS (AVGs)

AVG	DESCRIPTION
0141	PROC, NERVE BLOCKS, CLASS 2
0142	PROC, NEUROSTIMULATORS, CLASS 1
0143	PROC, NEUROSTIMULATORS, CLASS 2
0144	PROC, NERVE EXCISION, CLASS 1
0145	PROC, NERVE EXCISION, CLASS 2
0146	PROC, NERVE REPAIR, CLASS 1
0147	PROC, NERVE REPAIR, CLASS 2
0148	PROC, NERVE REPAIR, CLASS 3
0151	PROC, NERVE DECOMPRESSION, CLASS 1
0152	PROC, NERVE DECOMPRESSION, CLASS 2
0153	PROC, OTHER SURGERY, NERVOUS SYS
0156	PROC, EEG & EVOKED POTENTIAL, CLASS 2
0159	PROC, VASCULAR STUDIES, NERVOUS SYS
0207	NEWPT, FITTING CONTACT LENS
0227	OLDPT, FITTING CONTACT LENS
0242	PROC, ANTERIOR SEGMENT - CATARACT
0244	PROC, ANTERIOR SEGMENT - GLAUCOMA, CLASS 2
0248	PROC, ANTERIOR SEGMENT - OTHER, CLASS 4
0249	PROC, ANTERIOR SEGMENT - OTHER, CLASS 5
0250	PROC, POSTERIOR SEGMENT, CLASS 1
0251	PROC, POSTERIOR SEGMENT, CLASS 2
0256	PROC, PLASTIC & RECONSTRUCT, EYE, CLASS 4
0257	PROC, PLASTIC & RECONSTRUCT, EYE, CLASS 5
0258	PROC, PLASTIC & RECONSTRUCT, EYE, CLASS 6
0259	PROC, STRABISMUS & MUSCLE PROC, CLASS 1
0260	PROC, STRABISMUS & MUSCLE PROC, CLASS 2
0262	PROC, OTHER SURGERY, EYE, CLASS 2
0263	PROC, OPHTHALMIC ULTRASOUND
0342	PROC, BRONCHOSCOPY, CLASS 3
0356	PROC, PHARYNX, CLASS 4
0360	PROC, OTH SURG, ENT & RESPIRAT, CLASS 2
0361	PROC, OTH SURG, ENT & RESPIRAT, CLASS 3
0362	PROC, OTH SURG, ENT & RESPIRAT, CLASS 4
0363	PROC, XRAYS, ENT & RESPIRATORY
0370	PROC, OTH DIAG PROC, ENT/RESPIRAT, CLASS 2
0540	PROC, VEIN STRIPPING & LIGATION, CLASS 1
0541	PROC, VEIN STRIPPING & LIGATION, CLASS 2
0542	PROC, VEIN STRIPPING & LIGATION, CLASS 3
0544	PROC, CATHETERIZATION - RIGHT HEART
0550	PROC, INTRACARDIAC ELECTROPHYSIOLOGIC STUDIES
0553	PROC, OTH VASCULAR PROC, CIRCULATORY SYSTEM
0555	PROC, CARDIOVERSION
0557	PROC, OTH DIAGNOSTIC PROC, CIRCULAT SYS
0647	PROC, ENDOSCOPY-BILLIARY, CLASS 1
0648	PROC, ENDOSCOPY-BILLIARY, CLASS 2
0649	PROC, ENDOSCOPY-BILLIARY, CLASS 3

APPENDIX J, Part 3 (Continued)

LISTING OF EMPTY AMBULATORY VISIT GROUPS (AVGs)

AVG	DESCRIPTION
0650	PROC, ENDOSCOPY-BILLIARY, CLASS 4
0652	PROC, ENDOSCOPY-UPPER GI, CLASS 2
0656	PROC, ORAL PROCEDURES, CLASS 2
0657	PROC, ORAL PROCEDURES, CLASS 3
0658	PROC, HERNIA REPAIR
0659	PROC, LIVER BIOPSY
0662	PROC, OTH SURG, DIGESTIVE SYS, CLASS 3
0663	PROC, BARIUM MEAL
0665	PROC, OTH RADIOGRAPHY, DIGESTIVE SYS
0840	PROC, SPINE & PELVIS, CLASS 1
0841	PROC, SPINE & PELVIS, CLASS 2
0842	PROC, SPINE & PELVIS, CLASS 3
0843	PROC, UPPER ARM & SHOULDER, CLASS 1
0845	PROC, UPPER ARM & SHOULDER, CLASS 3
0848	PROC, FOREARM & ELBOW, CLASS 3
0849	PROC, FOREARM & ELBOW, CLASS 4
0850	PROC, HAND & WRIST, CLASS 1
0852	PROC, HAND & WRIST, CLASS 3
0853	PROC, HAND & WRIST, CLASS 4
0854	PROC, HAND & WRIST, CLASS 5
0856	PROC, FINGER, CLASS 2
0858	PROC, FINGER, CLASS 4
0859	PROC, HIP & FEMUR, CLASS 1
0860	PROC, HIP & FEMUR, CLASS 2
0861	PROC, KNEE & LOWER LIMB, CLASS 1
0863	PROC, KNEE & LOWER LIMB, CLASS 3
0864	PROC, KNEE & LOWER LIMB, CLASS 4
0868	PROC, FOOT & ANKLE, CLASS 4
0869	PROC, TOE, CLASS 1
0874	PROC, OTH SURG, MUSCULOSKELETAL SYS, CLASS 3
0883	PROC, ARTHOGRAPHY, CLASS 1
0884	PROC, ARTHOGRAPHY, CLASS 2
0943	PROC, EXCISION, CLASS 4
0946	PROC, SKIN PEEL & ABRASION, CLASS 1
0956	PROC, OTHER PLASTIC PROCEDURES, CLASS 8
1041	PROC, OTH SURGERY, ENDOCRINE SYS, CLASS 1
1042	PROC, OTH SURGERY, ENDOCRINE SYS, CLASS 2
1143	PROC, TRANSURETHRAL RESECTION, URIN SYS
1147	PRO, URETHRA PROCEDURES, CLASS 3
1151	PROC, OTH SURGERY, URINARY SYS, CLASS 4
1240	PROC, TRANSURETHRAL RESECT, MALE REPROD SYS
1243	PROC, VASECTOMY, CLASS 2
1244	PROC, PENIS PROCEDURES, CLASS 1
1247	PROC, PENIS PROCEDURES, CLASS 4
1248	PROC, PENIS PROCEDURES, CLASS 5
1249	PROC, SCROTUM, TESTES & SEMIN VES, CLASS 1
1250	PROC, SCROTUM, TESTES & SEMIN VES, CLASS 2
1251	PROC, SCROTUM, TESTES & SEMIN VES, CLASS 3
1252	PROC, PROSTATE BIOPSIES & OTH PROSTATE PROC

APPENDIX J, Part 3 (Continued)

LISTING OF EMPTY AMBULATORY VISIT GROUPS (AVGs), Continued

AVG	DESCRIPTION
1254	PROC, DIAGNOTIC PROCEDURES, MALE REPROD SYS
1340	PROC, BREAST, CLASS 1
1344	PROC, BREAST, CLASS 5
1346	PROC, LAPAROSCOPY
1347	PROC, INFERTILITY, FEM REPROD SYS
1350	PROC, OTH SURGERY, FEM REPROD SYS, CLASS 3
1441	PROC, D & C FOR SPONTANEOUS ABORTION
1442	PROC, THERAPEUTIC ABORTION, CLASS 1
1443	PROC, THERAPEUTIC ABORTION, CLASS 2
1445	PROC, AMNIOSCOPY
1500	NEWPT, NORMAL NEWBORN
1520	OLDPT, NORMAL NEWBORN
1540	PROC, VENOUS CUTDOWN, NEWBORN
1603	NEWPT, AIDS
1623	OLDPT, AIDS
1641	PROC, LYM NODE BIO/OTH SURG, BLOOD DIS, CLASS 1
1643	PROC, LYM NODE BIO/OTH SURG, BLOOD DIS, CLASS 3
1644	PROC, LYM NODE BIO/OTH SURG, BLOOD DIS, CLASS 4
1741	PROC, RADIATION THERAPY - CLINICAL TRMT MGNMT
1743	PROC, CHEMOTHERAPY, INITIAL VISIT
1746	PROC, CHEMOTHERAPY, VERY COMPLEX
1747	PROC, VASCULAR ACCESS INSTALLATION, MALIGNANCY
1749	PROC, BONE MARROW, MALIGNANCY
1840	PROC, LYM NODE BIO/OTH SURG, INFECT DIS, CLASS 1
1841	PROC, LYM NODE BIO/OTH SURG, INFECT DIS, CLASS 2
1842	PROC, LYM NODE BIO/OTH SURG, INFECT DIS, CLASS 3
1843	PROC, SELECTED IMMUNIZATION, INFECT DIS
1944	PSYCH, MEDICATION MONITORING
1945	PSYCH, UNSCHEDULED CRISIS
2142	PROC, EXCISION, INJURY, CLASS 3
2145	PROC, REPAIR, INJURY, CLASS 2
2146	PROC, REPAIR, INJURY, CLASS 3
2147	PROC, REPAIR, INJURY, CLASS 4
2148	PROC, REPAIR, INJURY, CLASS 5
2149	PROC, PLASTIC PROC, INJURY, CLASS 1
2151	PROC, PLASTIC PROC, INJURY, CLASS 3
2153	PROC, PLASTIC PROC, INJURY, CLASS 5
2156	PROC, OTHER SURGERY, INJURY, CLASS 3
2157	PROC, OTHER SURGERY, INJURY, CLASS 4
2158	PROC, XRAYS, INJURY
2304	, OTHER PREVENTION
2311	, RAPE
2313	, PSYCHIATRIC EXAM MEDICOLEGAL REASONS